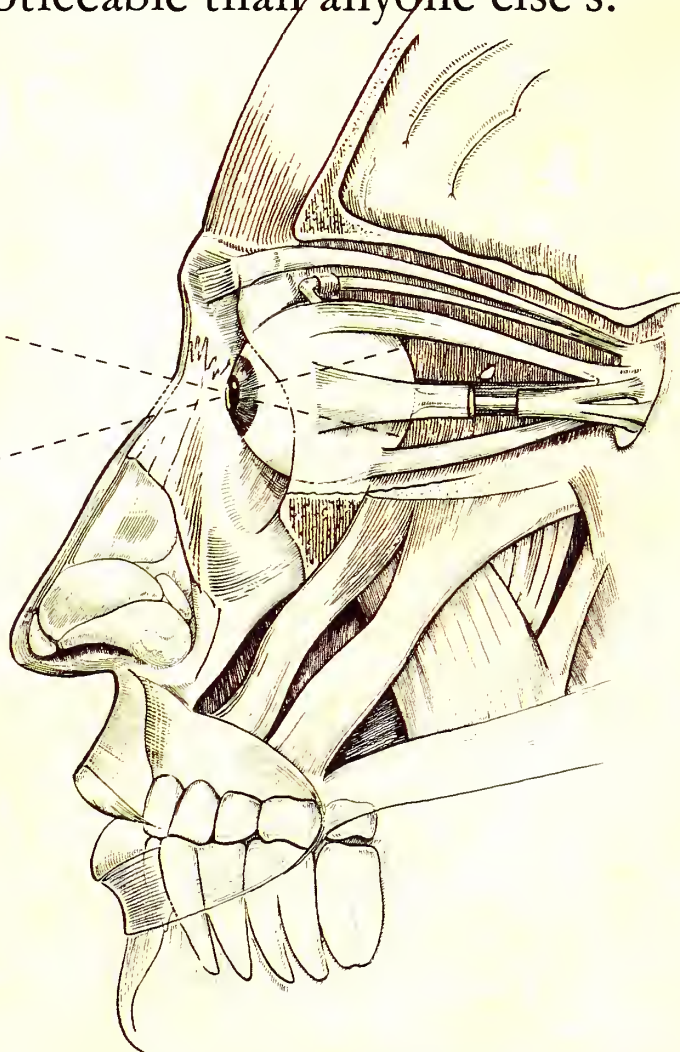


CHEMIST & DRUGGIST

The newsweekly for pharmacy

September 12, 1992

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B P C

1992

Birmingham

Define new role aims says Minister

Gloucs FHSA has ideas for pilot projects

RCGP urges GP liaison with pharmacists

Sunday lobby fails to impress the profession

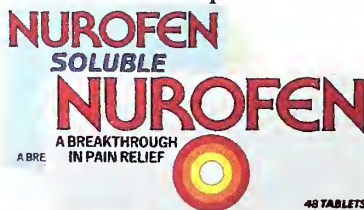
US worries still hamper Fisons

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- ✓ **Overdosage.** Nurofen is rapidly absorbed and eliminated, does not accumulate, and is safer in overdosage than either aspirin or paracetamol.⁸



REFERENCES: 1. Noyelle, R.M. *et al*, Pharm J, 1987, 238, 561.
2. Corson S.L. *et al*, J Reprod Med, 1978, 20, 246. Milsom, I. *et al*, Br J Obst Gyn, 1984, 91, 1129. 4. Cooper, S.A. *et al*, Journ. Clin Pharmacol, 1989, Vol. 29 1026. 5. Cooper S.A. *et al*, Journ. Oral Surgery, 1977, 35, 898. 6. Gaitonde, B.B. *et al*, Assoc. Physicians of India, 1973, 21, 579. 7. Nasution, A.R., 13th Int Con on Rheumatol, Japan, 1973, Curr Med Res Opin (Suppl) 1974. 8. Busson, M., (1986). J Int Med Res 14, 53.



Nurofen. When it's time to recommend.

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Comment

When Minister of Health Brian Mawhinney tingles, pharmacists shiver (p432). Most community pharmacy delegates at the opening session of this year's British Pharmaceutical Conference will have picked up on the slightly threatening undertone in Dr Mawhinney's speech, and translated his back-quivering tingle of delight at being back on a campus — ex-university medicine teacher that he is — into a fearful shudder. The fear is that the Minister seems to be saying to pharmacy that, after all the various papers on the prospects for pharmacy and NHS healthcare: "We have no hidden agenda for your profession. Why, have you?"

Curiously, president David Coleman is saying the same thing (p433), and is encouraging the Department to convert its protestations of support for pharmacy into action. Both parties obviously need to get together quickly, because each is expecting the other to make the first move! The DoH has launched a new initiative this week, but it has been given the presidential thumbs down!

Not quite every year, but reasonably often, the minister allotted the opening address slot at the BPC Conference throws some tasty morsel to the tamest profession in healthcare. Pharmacy is "tame" because it has no real

teeth, especially after last month's judicial review removed any immediate prospect of a review body. So for now this Government can do with pharmacy as it will, handing out the odd titbit to placate the disenchanted.

Whether the "broad-based" agreement reached by the Department and the Pharmaceutical Services Negotiating Committee and now awaiting Treasury approval (p436) will satisfy the massed ranks of community pharmacy contractors is open to conjecture. Certainly RIP is still letting rip and is still seeking new members. The Government will see whether or not this latest ginger group represents the whole rump of the profession, or just a thin slice, when contractors have had time to digest the full import of this year's belated settlement.

Next year the framework for agreement is to be renegotiated, and we understand PSNC and the DoH expect to begin work on the new protocol soon. With on-cost expected to disappear from the scene eventually and with, hopefully, pharmacists being rewarded more for what they specifically practice than what they preach, pharmacy will begin to move to a more "professional" method of remuneration that better befits its status as the unelected, and as yet unpaid High Street health guru.

News

Health Minister Brian Mawhinney told the 129th British Pharmaceutical Conference that he wants "a clear statement of where the profession is going in patient service" as he gave a list of the professional aims he wanted as the basis of an agreement with the president on the future of pharmacy. Dr Mawhinney wants a remuneration package linked to the achievement of best practice objectives as well as an open commitment to the Patient's Charter. This call will no doubt send that same tingle down the spine of pharmacists up and down the land that he confesses to feel when he enters a university campus. Birmingham University did not fail the Minister and he told anyone present at the opening address in the Great Hall that had missed out on the tingle "to see a pharmacist".

Mawhinney's 'Define your aims' call sends tingle down pharmacists' spines



Dr Brian Mawhinney, the Minister of Health, said the Pharmaceutical Care Report heralded an opportunity for the profession to take a fundamental look at itself: "It does not mean simply finding things for pharmacists to do and making additional payments for them."

Change was not a comfortable process. However, the report provided pharmacy with an opportunity to review community pharmacy practice, and to look at how it works and the way in which it is paid, Dr Mawhinney said. "The public needs to be satisfied that the £600million it puts into community pharmacy every year is spent wisely and effectively to produce the highest possible quality of service."

The NHS is changing to meet the needs of patients. "Pharmacists will change and will want to change to match those needs," he said. The taxpayer is the patient and the patient the taxpayer. "We need to get as much patient care as possible for every pound spent in the NHS."

Dr Mawhinney said GP fundholders had had to develop a variety of additional skills in their new role, not least assessment of drug use. This provided an opportunity to bring the two professions closer together for the benefit of the patient. "I know some fundholders are already working with pharmacists to



Health Minister Dr Brian Mawhinney addresses the Conference

improve the cost-effectiveness of their prescribing."

Pharmacists and the pharmaceutical industry had an important role to play in the health of the nation as advocates for health, said the Minister. "I hope you and industry will have other conferences such as this to see how you can reach the targets we have set."

Pharmacists were being repeatedly asked to give healthcare advice to the public and to other healthcare professionals. "I would welcome your considered views on this subject and would set much store by your comments."

Dr Mawhinney spoke of the importance of developing new medicines — "New medicines are better medicines" is the Conference theme. "Nowhere is their contribution more in evidence than in the treatment of mental illness; this accounts for more than 23 per cent of NHS pharmaceutical costs." However, he said he had "some concern" about the cost of some new drugs.

relationship to other areas of community care."

Dr Mawhinney said the Pharmaceutical Price Regulation Scheme would be reviewed in the Autumn. "In doing so we will be looking for good value and a fair deal for the NHS which foots the bill, and also for the community."

There is much debate about whether the NHS was about money and markets or the care of patients. "Both are totally interdependent," he said.

All the indicators were that the public places a high value on the services of pharmacists and is more than satisfied with the services they receive.

Dr Mawhinney said the Department had invested heavily in pharmacist training at undergraduate level and, more recently, in continuing education through the Centre for Postgraduate Pharmacy Education in Manchester. "I hope that you and your Society, Mr President, are considering how to ensure that all community pharmacists take advantage of their training opportunities."

"The public has every right to expect their health professionals to be fully up to date."



Royal Pharmaceutical Society president David Coleman introduces the Lord Mayor of Birmingham, who welcomed delegates to the city

Time for action on Working Party report, says Coleman



RPSGB president David Coleman

It is time the Department of Health acted on the proposals of the Working Party Report on the Future of Community Pharmacy, Health Minister Dr Brian Mawhinney was told. Already far too long has passed since the report was published without any visible results, says Royal Pharmaceutical Society president David Coleman

emphasised the positive attitudes consumers have towards community pharmacy. In 1991 Mintel research indicated that 74 per cent of housewives agreed that pharmacists are as effective as doctors when it comes to advising on minor ailments.

This year's National Audit Office report showed most consumers were satisfied with the quality of dispensing services. And a survey for the National Consumer Council in July placed pharmacies at the top of the "customer care" list.

The "Health of the Nation" White Paper was also published in July. Although it emphasises disease prevention and health promotion as ways in which health can be improved, it acknowledges that further improvements in treatment remain essential.

"The Society would certainly echo that," said Mr Coleman. In the short term there will be no

in Great Britain has been provided by the Pharmacy Healthcare scheme. The specific areas of coronary heart disease, stroke and lung cancer are key areas for health education.

The EC Directive on classification of medicines sets out the criteria for deciding whether a product should only be available on prescription. If the criteria do not apply - and this is the case for a number of POMs in the UK, said Mr Coleman — appropriate products should be made available for Pharmacy sale.

Mr Coleman spoke of the great strides in improving the continuing education available to pharmacists. "The success of the programmes introduced by the Centre for Pharmacy Postgraduate Education in England has been quite exceptional," he said.

In the May to July programme, 122 workshops were organised on AIDS prevention, care of the

referral forms should be adopted, that pharmacists should maintain patient medication records, and that the formal adverse drug reaction reporting system should be extended to community pharmacists.

"These four recommendations represent a package that would undoubtedly result in improved patient services," said Mr Coleman.

Facilities for the routine disposal of unwanted medicines are vital, he continued, but pharmacists will face serious problems in continuing to provide such a service if current regulations remain in force. He welcomed the Government's decision to spend £1 million on setting up local disposal schemes (see page 437) and assured the minister that the money would be well spent. But he emphasised that it was the present regulations which were causing problems for pharmacists and he hoped the matter would be resolved urgently. Common sense dictated that these essential schemes continue without placing an unnecessary load on participating pharmacies.

The NHS remuneration structure must encourage pharmacists who wish to provide new NHS services to take on these new roles while at the same time allowing them economically to continue providing an effective dispensing service.

"Uncertainty must be removed to encourage pharmacy owners to invest in the development of their professional practice," said Mr Coleman. "And the framework must be one that encourages pharmacists to invest time in continuing professional education to meet changing professional circumstances."

Mr Coleman paid tribute to the pharmaceutical industry. It must be a comfort to the Government that even in a recession the industry was able to contribute £1.2 billion to last year's balance of payments. "We should ensure that it is given every encouragement and an environment in which it can realistically be expected to perform even better," he said.

But he voiced concern over uncertainties in the hospital sector. It is not clear how purchasing health authorities will obtain the necessary pharmaceutical input. Nor is it clear how the various agencies with an inter-authority structure will get pharmaceutical advice. These uncertainties must be resolved quickly, urged Mr Coleman.



An attentive audience at the opening session in the Great Hall

reduction in the resources needed to treat the sick. Savings will only be seen where the benefits of health promotion efforts are evident and result in a better health. There is a need for additional initial investment, he advised.

Given the right circumstances, pharmacists could make an even greater impact on the strategies expounded in the White Paper, said Mr Coleman. An indication of the potential resource of the 12,000 community pharmacies

elderly and care for the terminally ill. An extra 47 had to be arranged in response to demand. The total number of participants was around 4,000.

The response of pharmacists to such courses clearly demonstrates their enthusiastic commitment to high standards of professional practice, said Mr Coleman.

The joint working party recommended that repeat dispensing should be introduced within the NHS, that pharmacy

"Now is surely the time for action," he said, and pledged: "I can assure you that the pharmaceutical bodies are ready to respond positively to initiatives proposed by the Department."

Mr Coleman emphasised the contribution pharmacists could make towards helping the Government achieve its health promotion targets. But he warned against the "fixation of the National Audit Office on judging the need for the number of pharmacies solely on the number of prescriptions dispensed".

He warned: "It would be paradoxical if the effect of concentrating too much on the number of prescriptions dispensed at a pharmacy was to produce a pattern of distribution which would encourage even more reliance on the NHS."

"I am seriously concerned that a system which concentrates solely on prescription numbers will be highly detrimental to total pharmaceutical care."

It is vital for the Department to take a broad view of the contribution which pharmacies make to the health of the nation both within and outside the NHS, and avoid the risk of precipitate action placing a greater and unnecessary load on the NHS.

Mr Coleman highlighted three separate pieces of research which

Welcome

BPC

1992

Birmingham



Miss Connie Ashcroft, North Staffordshire and Miss Tee Treacy from Birmingham checking in delegates Mr John Urquhart and his wife Margaret from Australia and Professor Peter Coville, Dean of the School of Pharmacy, Dunedin, New Zealand



Relaxing at the opening night of the BPC conference are (left to right) Mr Andrew Watson, Birmingham; Miss Elaine Brittain, chairman of the Great Yarmouth & Waveney Branch and her vice-chairman, Mr Stephen Bowhay; and Christine Tobitt



Making each others acquaintance are (left to right) Pat Clark from Mansfield; Marian McCall, Edinburgh; and Margaret Dow, SW Metropolitan



Sitting down to enjoy their meal at the "welcome evening" are Dr James Johnson from Glasgow and Mrs Elizabeth Roddick, Glasgow & West of Scotland. Standing behind is Dr Tony Whateley of Strathclyde University



Seeking worldly sustenance after the Ecumenical Service are (left to right) Reverend Dr Keith Albans, Methodist Chaplain to Birmingham University and Father Nicholas Latham, the Catholic Chaplain; the Bishop of Leicester; pharmacist Andrew McKendric from Northampton General Hospital; and Reverend David Smith, Bishop's Chaplain to the University



Sitting down to enjoy themselves are (left to right) Mrs Margaret Barnes, NE Lancashire; Mrs Barbara Maude, Coventry, and Miss Rosemary Collins, Coventry. Mrs Ann Burling, Leicester, is standing. They claim to get their sport by taking the Government to task!



Mr Billy Allan, chairman of the Colchester Branch, Ms Jane Vicary, chairman of the Chelmsford Branch and Miss Paula Wilkinson, Chelmsford, caught proposing a toast the 1992-93 remuneration package, perhaps?



Lining up for C&D's photographer are (left to right) Mr Ian Simpson, chairman of BPC Chiltern 1993; Dr Angela Alexander, vice-chairman for next year's Conference; Miss Claire Anderson, a lecturer at King's College Hospital, and Mr Paul Quinlan, chairman, North Staffordshire Branch



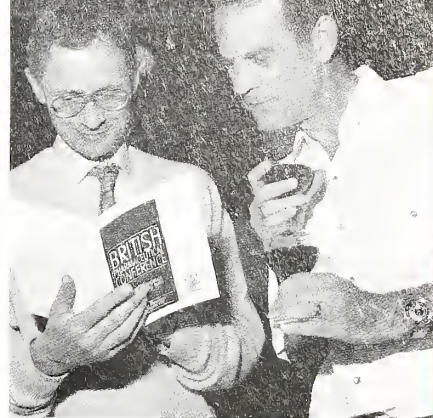
Members of the organising committee of the Birmingham BPC Conference (from left to right): Dr Stuart Hessewood, Dr Anthony Smith, Mr Patrick Ball, Mr Mike Symonds, and Lady Constance Perris



Delegates at the "Welcome to Birmingham" reception help themselves to the buffet fare



A difficult decision at the buffet table for Mr Richard Rutter, Leeds, and Mr Alan Tobias, chairman of the Leeds Branch



Curious to see what's happening, and where, are Robert Benson and John Bromley of the pharmacy fittings company Sintek Ltd from Leicester



Delegates enjoying the buffet provided at the "Welcome to Birmingham" reception on the opening night of the BPC conference



A tableful of pharmacists! From left to right are Miss Rosemary Mitchell, administrator College Pharmacy Practice, Coventry; Mr Alan Davidson, general secretary, International Pharmaceutical Federation; Anne and Peter Jones from Australia; Mr Julian Ashley, superintendent pharmacist, Safeway Stores; Professor Bryan Veitch, chief pharmaceutical adviser, Wales; and Mrs Gill Hawksworth, RPSGB Council member



Northern Ireland welcomes the Australians to their table. Standing from left to right are Radley West from Brisbane, historian for the Pharmaceutical Society of Australia's Queensland Branch; Derek Lawson, secretary and registrar of the Pharmaceutical Society of Northern Ireland and Ronnie Mc Mullan, director of pharmaceutical services, Central Services Agency. Seated are (left to right) Mrs Jill West; Robin Holliday, PSNI president and his wife Charlotte, and Mrs Sandra Lawson

Gloucestershire looks to boost pharmacy

Visits by Gloucestershire Family Health Services Authority to all the pharmacies in its area have resulted in a number of recommendations relating to health promotion, training and communication with GPs.

The FHSA is recommending a number of pilot projects in the area to assess the need for health screening, welfare milk distribution through pharmacies, the sale of prepayment certificates and the feasibility of setting up a regular service for the disposal of unwanted drugs.

The Authority called on the county's 94 pharmacies to discuss their role and the role of the FHSA with regard to health promotion, and to investigate the future role of the FHSA *vis-a-vis* community pharmacists.

A questionnaire was completed to ascertain the level of health promotion advice, training and screening already undertaken. It was also used to determine training needs of pharmacists and their staff, and how pharmacists perceive their health promotion role.

"In general the visits were met with enthusiasm and the pharmacists welcomed the initiative," says the FHSA's report on the exercise. "Many commented on how useful it was to be given the opportunity to meet with someone from the FHSA and discuss issues face to face."

As a result of the findings, the FHSA has recommended

developing a set of health promotion resource packs each containing leaflets, information sheets for the pharmacist and pharmacy staff and, where appropriate, posters.

The Authority wants to encourage the involvement of pharmacists at a county level with health promotion programmes.

Many pharmacists said that communication between themselves, GPs and hospitals was unsatisfactory, and the FHSA is recommending building and maintaining closer links between these healthcare professionals.

The Authority is also looking at the feasibility of joint training events for GPs and pharmacists and will ensure that regular contact is maintained with all pharmacists in the county through a contractor's newsletter and visits.

Training plans

On the question of training, the FHSA is recommending the development of a training programme for assistants and will develop, in conjunction with local pharmacy tutors, a series of seminars on health promotion and related topics.

"Over the years, community pharmacy has been developing and changing in response to changing circumstances and it will continue to do so," says the FHSA. "The majority of pharmacists were interested in developing their role with regard to health promotion and community services."

"The general impression gained on the visits was that pharmacists are, on the whole, unwilling to take on added responsibilities until remuneration is addressed."

Some of the FHSA's findings are outlined below:

- Health promotion — virtually all pharmacists (97 per cent) regularly display health promotion material. Over 90 per

cent felt this was an important part of their role and 89 per cent said they were satisfied with the quality of the material available.

The Pharmacy Healthcare Scheme is the main supplier (89 per cent) followed by the health promotion department and drug companies. The FHSA accounts for only 6 per cent.

Half the pharmacies display their leaflets on wall mounted units but 60 per cent said this was inadequate. Two thirds of those who would not buy a rack of their own said they thought it was the FHSA's responsibility and only 21 per cent said they were willing to pay half the cost.

- Health advice — dependent on topic, the pharmacist deals with 99 per cent of health inquiries, with counter assistants 61 per cent and dispensing technicians 13 per cent.

Hay fever, headaches and migraine, and indigestion and heartburn were the most common topics for advice. Solvents, conjunctivitis and vitamins were the least common.

- Training — only 53 per cent of pharmacists said they had received some training in health promotion and related topic areas such as smoking and asthma. And 63 per cent of those who hadn't said they would attend if a session was organised. Evenings were the most convenient time for meetings to take place but time and cost were likely problems.

- Screening — just over a third of pharmacies provide pregnancy testing services, but only 8 per cent test blood pressure. Uptake was generally considered to be poor.

Even given adequate remuneration, training and facilities only a round a third of pharmacists said they would provide screening services for pregnancy, diabetes, blood pressure and cholesterol.

When asked if they saw this as a major part of their role, about two thirds said "no".

What men should know

Testicular cancer, and the need for regular self-examination, is the subject of the September Pharmacy Healthcare campaign.

The leaflet draws attention to the fact that early presentation of cancer of the testis is an important factor in the selection of treatment and influences prognosis. Surveys have shown there is widespread ignorance of this condition and that it is common in men between the ages of 15 and 40.

The last campaign of the year will concentrate on the need to practice safer sex and will draw attention to the female condom to be launched shortly.

Preliminary plans for 1993, which have still to be finalised, include another "No Smoking" campaign in February/March, one addressing the need for protection against the sun in May and liaison with the Royal College of Psychiatrists on the "Defeat Depression" campaign.

Pharmacy gains £1m to help public dump drugs

Minister of Health Dr Brian Mawhinney says pharmacy is to get £1 million to promote the safe disposal of unused medicines issued to patients.

"Regrettably the medicine cabinets of the nation are all too frequently full of unused and unwanted medicines. It is important that these are handled in a safe way that protects the public and the environment," said Dr Mawhinney.

"The public recognises that pharmacists are the most appropriate people to handle waste medicines. So does the Department of Health," said the Minister.

He announced the fund to set up local schemes for the disposal of patients' medicines collected in pharmacies when he gave the opening address at the British Pharmaceutical Conference in Birmingham on Monday.

Society president David Coleman has given the ministerial announcement a lukewarm response which has been widely reported in the national Press. (*The Times* on Tuesday gave a particularly fulsome account of the president's sentiments.)

Mr Coleman says that while the Department is promoting safe disposal of medicines, the Department of the Environment is making the process more difficult, citing the April Regulations which laid a "duty of care" on pharmacists.

"We are delighted to have £1m, but the real point is to get the regulations right so that pharmacists don't have to deal with a huge bureaucracy," Mr Coleman said.

"It's not really a matter of money, because we have disposed of medicines for nothing in the past. The point is to get it out of people's house and dumped..."

PSNC agree pay deal

The Pharmaceutical Services Negotiating Committee and the Department of Health last week reached a "broadly based" agreement on pay, according to chairman David Sharpe.

This was confirmed by DoH officials at the Birmingham BPC this week but neither side felt able to reveal details until the Treasury had given its seal of approval. This had not been done as *Chemist & Druggist* closed for press on Wednesday evening.

An announcement is expected before next week.

Full Marks

Napp Consumer Products say it is only the shampoo formulation of the headlice product Full Marks that has been withdrawn (C&D August 29 p355). The lotion is not associated with reports of eye irritation and is still available.

Thrush guide

Janssen have produced a self-help guide on thrush to be made available through pharmacies. It outlines causes and some practical ways to alleviate and prevent the complaint. Copies from Janssen Pharmacy Division, Grove, Wantage, Oxon OX12 0DQ (tel: 0235 772966).

C&D Price Service

In the Weekly Price Supplement for September 5, Forceval Protein natural 300g (010-3234) and sachets (010-3226) were shown as deleted. These products are still available from Unigreg Ltd through their distributors Farillon. We apologise for any inconvenience caused.

RCGP seeks co-operation with pharmacists

The Royal College of General Practitioners has called on GPs to meet pharmacists to discuss local guidelines for the management of minor ailments and to agree on when patients should be referred.

The College would like to see closer co-operation between pharmacists and GPs, especially over the future direction of pharmaceutical services.

However, there is opposition to the involvement of pharmacists in healthcare screening unless it is carried out within a framework of proper professional standards.

These calls come as part of the RCGP's response to the Joint Working Party report on the Future of Community Pharmacy. The majority of the report's 30 recommendations find support. Only four are opposed. Dr Ivan Cox, chairman of the College's clinical and research division, describes the report as "wide ranging, succinct and provocative" and says that consideration of the role of community pharmacists is both opportune and welcome.

The need for improved co-operation with prescribers is strongly supported by the College. "The pharmacist's expertise in medical information and in dispensing must be recognised, and inappropriate, hostile reactions to their advice are to be deprecated."

On a more negative side, the RCGP describes the extension of health promotion services into screening and diagnostic testing as fraught with difficulties.

"The offer of health promotion in this form requires much more

than the provision of a test result," the report says. "Such screening requires informed pre-test and post-test counselling and appropriate follow-up."

"There is serious danger that the patient's perception and expectation becomes prejudiced by the provision of an arbitrary test result provided in a non-medical context. Any subsequent attempt by the GP to manage the patient against the advice provided by the pharmacist would interfere with the doctor-patient relationship."

The College goes on to admit that this argument would be weakened if there were "agreed and unambiguous" protocols for many of the conditions considered for screening.

The RCGP also points out that the provision of diagnostic testing raises important ethical and legal issues, particularly where patients fail to act immediately on the result of any test and subsequently requires emergency treatment.

The RCGP's response to the report supports repeat dispensing, pharmacy referral forms, PMRs, therapeutic drug monitoring, ADR monitoring, separate counselling areas, specialised services like aseptic dispensing, domiciliary visits, and equipment for the disabled.

However, the College does not support recommendations relating to telephone prescriptions, for more medicines to be moved from POM to P, or for the pharmacist to select the medicine and dosage within agreed protocols.

Humberside LPC organises DUMP campaign

The Local Pharmaceutical Committee in Humberside has got to grips with the new waste regulations and Duty of Care forms and has organised a three week DUMP campaign running until the September 25.

The LPC has been working closely with the environmental services for some time, in order to make it as easy as possible for pharmacists, according to secretary David Newton.

Pharmacists are not expected to identify particular groups of returned drugs but are being advised to tick all the sections on the Duty of Care form. The argument is that, during the course of a van collection, they will probably all be there anyway.

Cytotoxics and powdered and crystalline substances have to be sorted in order to be incinerated separately. All aerosols and medicine bottles, which cannot be incinerated, are also collected

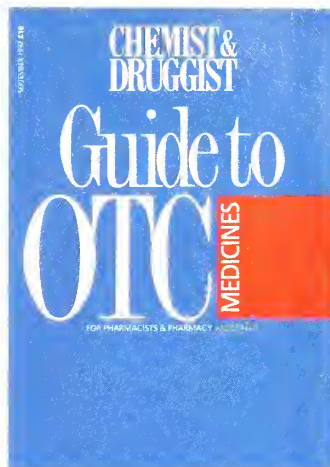
separately and a sharp's container is provided.

The DUMP campaign aims to highlight the potential problems of storing unused and out of date medicines in the home and will provide an "amnesty" period for the public to return these medicines to pharmacies, said Mr Newton. The public will also be advised on the safe storage and disposal of unwanted medicines at other times.

Collection containers were distributed to pharmacies by environmental health officers. Regular collections will be made by officers from either the local authority or the FHSA.

The Duty of Care transfer note has to be completed for every collection made. Copies will be carried by the collection officers who will be employed by the local environmental health department and will be licensed to carry drugs.

C&D Guide to OTC Medicines — another subscriber service launched



With this week's issue you will have found your personal copy of *Chemist & Druggist's* Guide to OTC Medicines. Its 116 pages details all the OTC medicines likely to be retailed through pharmacies, listed by therapeutic category. Each entry gives manufacturing company, ingredients, variants, pack sizes and prices together with indications, dosages and specific warnings about use. Every therapeutic category has an introduction to the disease state and the active ingredients available for over the counter for treatment, plus a list of specific points to be noted by advisors and users. It costs £10. The *C&D* OTC Guide enables

pharmacists to have a single reference point for OTC medicines available for their recommendation — "P" medicines are highlighted. Pharmacists may like to use the Guide as a training tool for their pharmacy assistants, or to place it by the counter for general staff use.

There is an alphabetical index of products and of manufacturers as well as the odd page for notes. At present alternative medicines are not included in the listing but some unlicensed products are if they complement therapy — GSLs are not identified.

Getting an OTC Guide to your GP

Just fill in details of the GP(s) you wish to receive the *C&D* OTC Medicines Guide, enclosing a cheque for £10 per guide, and we will mail direct to your local doctor with a compliments slip giving your name and that of your pharmacy. The issue the doctor receives will be from *C&D* and yourself and will not bear the Crookes Healthcare logo. Crookes Healthcare kindly sponsored the First Edition of the Guide in this issue for community pharmacists. An unsponsored edition will be on sale on *C&D's* Chemex stand, C8, for £10.

GP name.....

GP address.....

.....

.....

Pharmacist's name.....

Pharmacy address.....

.....

.....

I enclose a cheque for £..... made payable to *Chemist & Druggist*. Please send cheque with your order on this tear out slip to: *Chemist & Druggist*, Benn Publications plc, Sovereign Way, Tonbridge, Kent TN9 1RW. Please telephone Jan Powis on 0732 364422 if you have any queries.

Alternatively, if you want an extra copy for your pharmacy, just fill in the bottom half of the coupon, enclosing the necessary cheque. **Please place your signature here for inclusion on the compliments slip we will send with the OTC Guide to your local surgery**

Exploiting the medical angle

Flattery indeed from J.T. Hampson, managing director of Potters Herbal Supplies Ltd (*C&D* August 22 p326), but I have always maintained that if herbal medicines are ever to be treated with the respect they deserve then the possession of a product licence should be an essential requirement for their sale and promotion.

That criteria, however, is not yet mandatory but is still exploited by many in the health food industry as demonstrated by the launch of the latest "oriental miracle" from Healthcrafts, Idoloba. If you believe the glossy promotional pamphlet this "patented formulation" from the leaves of ginkgo biloba "may, taken regularly, help to keep blood vessels dilated, thereby maintaining a healthy flow of blood, and may be particularly effective in extremities such as the legs, brain, hands and feet" (my quotes). The whole leaflet avoids direct medicinal claims by the regular use of the word "may", but the intention, however disguised, is



unmistakeable in its inferred claims.

Idoloba will receive no recommendation from me since I have no basis for it. If the product is efficacious and safe then evidence should be submitted for the granting of a product licence and the product, meanwhile, withdrawn until that licence is granted.

The probability of Healthcrafts following my suggestion is, unfortunately, extremely low since there are high profits to be made and miracles always enjoy a ready market but I regret the dispute that such techniques bring to an alternative therapy crying out for recognition. That such an approach has been employed by a company of Healthcrafts' reputation is all the more regrettable.

Nice try by Nutricia

I have a number of patients on special diets who obtain regular supplies of speciality foods on prescription. I order their supplies when necessary from my wholesaler and also keep a small range in stock for the casual inquirer. The system has worked well because I have established their likes and dislikes by trial and error which, although time consuming, has maintained them with a varied diet and also established me with goodwill and regular prescriptions. I also obtain a few non-prescriber products which, although expensive, are treats of occasional luxury.

I am sure that most community pharmacists will recognise the above scenario, but are they also aware of the existence of a list of key pharmacists who have been selected by Nutricia and whose names have been circulated to patients by Nutricia? These selected few have undertaken to stock a regular range of non-prescribable products, to allow sampling of their new products in store, and to take part in promotional activity but only at these selected stockists.

Ignorance may be bliss, but such illusions were shattered by one of my patients showing me their letter from Nutricia outlining the scheme with its sting in the last paragraph. "If you have developed a good relationship with the pharmacy which currently supplies you prescription items, and you feel they would like to participate in this scheme, please ask your pharmacy to contact our customer services department".

Nutricia must find it difficult to establish a market for non-prescribable products owing to the free availability of the Tariff items and with this I sympathise, but this letter is commercial blackmail! I have never been asked to participate and know no details but if I do not immediately contact Nutricia and offer my services then my patients will go elsewhere for their supplies and take their prescriptions with them!

This is a deliberately discriminatory scheme using patient pressure and their NHS prescriptions as bait to obtain comprehensive distribution of Nutricia's non-prescribable dietary products. If the system has merit then all pharmacists should be properly invited to participate via direct contact with Nutricia. Then, and only then, should patients be informed of its availability.

Two makes sense

Some interesting ideas from the new Dorset Health Commission (*C&D* September 5 p388), and in particular the suggestion that pharmacies should amalgamate to form bigger units with two pharmacists. This must be the way forward rather than the present system of financial attrition which, despite all the reports of community pharmacy weathering the storm of recession better than other traders, will soon produce previously unheard of small pharmacy bankruptcies.

Those pharmacies cocooned in large dispensing, low overhead cottonwool security may laugh, but my accountant is gloomy about the prospects of many of his pharmacist clients surviving the present economic problems. Their problems are real and should be of concern to the profession and the Department of Health.

Prescription errors kill, warns MDU

Illegible handwriting on prescriptions, confusing drug names, inadequate or incorrect instructions or dispensing errors are continuing to harm and even kill patients, the Medical Defence Union has warned.

A guide to errors in prescribing and giving drugs to patients, published in the latest issue of the MDU's Journal, lists errors which range from minor mishaps to accidents which have resulted in serious injury or death.

Illegible handwriting on scripts is blamed for patients receiving lorazepam instead of Magnapen and Daonil for Amoxil. In the latter, the patient suffered irreversible brain damage.

Similar sounding drug names resulted in Daonil being confused with De-nol, Inderal for Intal and Priadel given in place of Pardale (paracetamol, codeine and caffeine). The latter two cases resulted in fatalities.

The author of the report, Dr R. Ferner, concludes that it is best to use approved names and to be particularly careful when names can be easily confused.

"Dispensing errors are often a compound of errors by the prescribing doctor and the dispensing pharmacist," Dr Ferner continues.

In one case, a doctor erroneously wrote a prescription for chlorpropamide 25mg when he meant chlorpromazine and the pharmacist dispensed chlorpropamide 250mg tablets.

The change in tablets was queried with a district nurse who said chlorpropamide and chlorpromazine were the same. The patient suffered irreversible brain damage. In another case, an unqualified dispenser gave out 2.5mg lorazepam in place of 1mg tablets. The patient subsequently drove her car into a field.

Premises rise by 13

The number of pharmacy premises registered with the Royal Pharmaceutical Society rose by 13 in August to 11,927.

In England there were 13 additions and eight deletions while in London there were three additions, including Great Ormond Street hospital, and two deletions.

In Scotland there were six additions but no deletions. One of the additions was in Main Street, Bridge of Earn, scene of a recent dispute between pharmacists and dispensing doctors.

In Wales, there was only one addition, for the Welsh National Eisteddfod.

Topical REFLECTIONS

Lyclear Creme Rinse Prescribing Information
Presentation Each 50ml bottle of Lyclear contains 1% w/w permethrin plus 20% w/w isopropanol in a creme-rinse base. **Uses** For the treatment of head louse (*Pediculus humanus capitis*) infections. **Dosage and Administration** *Adults and children over 6 months* Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** *Contra-indications:* Hypersensitivity to permethrin, other synthetic pyrethroids or pyrethrins. **Precautions:** For external use only. Wear gloves for multiple applications. Only use in children under 6 months under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Side- and adverse effects:** Adverse reactions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.83. **Legal Category:** [P] PL3 0252. Further information available on request. **The Wellcome Foundation Ltd.,** Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.



LYCLEAR

Permethrin

A highly effective treatment for head lice.



*99% overall cure rate after one week.

Eradicating head lice hasn't always been easy or pleasant. But now Wellcome can offer you Lyclear Creme Rinse.

Based on the tried-and-tested permethrin compound, Lyclear is highly effective as a single application creme-rinse, and used as easily as a normal hair conditioner.

In fact, just one ten minute Lyclear treatment is sufficient to kill lice and eggs, with the comparative effectiveness of either a 2 or 12 hour malathion application. What's more, Lyclear's strong residual capacity can protect against reinfestation for as long as 6 weeks after use.

Although highly effective, Lyclear has a pleasant smell, is unlikely to cause eye irritation, has low potential for toxicity or allergic reactions, and is biodegradable.

With its recognised cosmetic advantages together with its proven clinical potency, Lyclear is an ideal head lice treatment for every member of the family.

Lyclear is a head lice treatment you can confidently recommend to be quick, effective, and pleasant to use.

LYCLEAR
C r e m e R i n s e

Kills head lice in just one 10-minute application.

Scriptspecials

Sanofi launch Modalim for hyperlipidaemia

Sanofi Winthrop have launched Modalim tablets. Each tablet contains 100mg ciprofibrate, a broad spectrum, lipid modifying agent. Modalim complements diet to control elevated low and very low density lipid (LDL and VLDL) cholesterol and triglyceride levels, and also increases HDL cholesterol levels.

Product licence holder Sanofi Winthrop Ltd, 1 Onslow Street, Guildford, Surrey GU1 4YS

Presentation White, capsule-shaped tablets with a break line on one side and 77T on the other, each with 100mg ciprofibrate

Indications For the treatment of primary hyperlipidaemia which resists appropriate dietary management, including hypercholesterolaemia, hypertriglyceridaemia and combined hyperlipidaemia

Administration Initially one tablet each day is recommended,

with subsequent adjustment according to response. The maximum dose should not exceed two tablets a day, which may be taken as a single dose. Not recommended for children. In moderate renal impairment, dosage should be reduced to one tablet on alternate days, with careful monitoring

Contra-indications Severe hepatic and/or renal impairment, pregnancy and lactation. For use in patients with moderate impairment see Data Sheet

Interactions Ciprofibrate is highly protein bound. It can potentiate the effect of warfarin, so concomitant anticoagulant therapy should be given at reduced dosage and adjusted according to prothrombin time. Ciprofibrate may also potentiate the action of oral hypoglycaemics and its action may be affected by oral contraceptives

Pranoxen Continus by Napp

Napp Laboratories have launched Pranoxen Continus, said to be the UK's first controlled release naproxen. The tablets come in strengths of 375mg and 500mg, with a recommended dose of one to two tablets to be taken daily as a single dose. They are not recommended for children under 16. They should be swallowed whole with water. Both strengths

are presented as white film-coated oval tablets, marked NX375 and NX500 for the two strengths respectively. The tablets (POM) are packed in securitainers of 56 (375mg £13.76; 500mg £18.34, both prices trade). Indications, contraindications, etc, as for other naproxen products. **Napp Laboratories. Tel: 0223 424444.**

One Engerix B

Smithkline Beecham have introduced an adult monodose presentation of Engerix B — a pack containing one 20mcg dose of hepatitis B surface antigen in 1ml (£11.55 trade). Engerix B for adults (20mcg/1ml) now comes in packs of one, three and ten doses (plus a pack of one paediatric dose). The monodose is suitable for long-stay travellers visiting endemic areas who often, having received the recommended three-dose course, require a booster at 12 months, and also in circumstances where an additional single dose is required. **Smithkline Beecham. Tel: 0707 325111.**

Vascase 5mg

Roche have introduced a 5mg strength to their range of Vascase (cilazapril) tablets (28 £17.91 trade). **Roche. Tel: 0707 328128.**

Voltarol 75mg SR

An additional pack size of 28 will be introduced for Voltarol 75mg SR tablets on Monday (£9.37 trade). **Ciba-Geigy Pharmaceuticals Tel: 0403 50101.**

Solpadol caplets

Sanofi Winthrop have introduced Solpadol caplets, containing 500mg paracetamol and 30mg codeine (100 £8.10 trade). **Sanofi Winthrop. Tel: 0483 505515.**

Sabril sachets

Marion Merrell Dow have introduced a sachet presentation of Sabril (50 x 500mg £24.95 trade). The contents dissolve in water and can be added to a flavoured cold drink. This is the first time an epilepsy drug has been provided in a sachet presentation in the UK, say **Marion Merrell Dow. Tel: 081-848 3456.**

Skinoren for acne

Schering have launched Skinoren cream for the topical treatment of acne vulgaris. The company says it is the first acne treatment to contain azelaic acid.

Skinoren has a triple action, says the company, with anti-bacterial, anti-inflammatory and anti-comedonal properties. Azelaic acid inhibits the growth of the propionibacteria involved in the development of acne, and production of acne-promoting fatty acids. It also reduces the multiplication of keratinocytes and their keratinisation, and so restricts the formation of comedones.

Product licence holder Schering Health Care, The Brow, Burgess Hill, West Sussex RH15 9NE

Presentation Cream containing 20 per cent micronised azelaic acid in an oil-in-water emulsion

Indications Topical treatment of acne vulgaris

Administration Before use, the skin should be thoroughly washed with water or a mild cleanser. Skinoren should be rubbed in well to the affected areas both morning and evening. However, patients with sensitive skin should be advised to apply Skinoren only in the evening for the first week of treatment, before proceeding to twice-daily applications. A daily dose of 2g (1g per application) should be sufficient to treat the entire facial area. If other areas require treatment, a daily dose of 10g should not generally be exceeded.

Regular use is important. To obtain the best results, it should be applied over a period of several months but not for more than six months. A distinct improvement will usually become apparent after about four weeks

Precautions For external use only. Avoid contact with the eyes; wash with copious amounts of water if contact occurs

Side effects Local skin irritation, occurs occasionally, usually lessening as treatment continues. If marked irritation persists, the frequency of application should be reduced or the treatment temporarily interrupted. Photosensitivity reactions have been reported very rarely

Contraindications Pregnancy and lactation. Hypersensitivity to propylene glycol

Legal category POM
Pack 30g tube (£5.00 trade)

PL number 0053/0207
Issued March 1992

Side effects Occasionally headache, vertigo, rashes and gastro-intestinal symptoms: these are generally mild to moderate and decrease as treatment progresses. A low incidence of myalgia, impotence and hair loss has been reported. Dizziness and drowsiness have only rarely been reported

Legal category POM

Packs Blister packs of 28 tablets (£13.72 trade)

PL number 0071/0328
Issued July 1992

SB's Eskazole

Smithkline Beecham have launched Eskazole tablets containing 400mg albendazole, a benzimidazole anthelmintic.

Product licence holder Smithkline Beecham Pharmaceuticals, Welwyn Garden City, Herts AL7 1EY

Presentation Pale orange, rounded-oblong tablets engraved SKF on one side and a break line on the other, with a fruity odour, containing 400mg albendazole

Indications Treatment of hydatid cysts caused by *Echinococcus granulosus* or *E. multilocularis*. May be used as first-line therapy or as an adjunct to surgery

Dosage Tablets may be swallowed whole or chewed. Albendazole is poorly and variably absorbed but absorption is increased when given with a fatty meal

For *E. granulosus* and *E. multilocularis*, the usual dose for adults is 800mg/day in divided doses for 28 days, followed by 14 drug-free days. For medical therapy, up to three cycles of treatment may be given. For dosage as an adjunct to surgery, see Data Sheet

Side effects Gastro-intestinal disturbances, headaches and dizziness can occur but are usually mild

Contra-indications, precautions Absolutely contra-indicated in women of child-bearing potential. Liver function and blood counts should be within normal limits before starting treatment (see Data Sheet)

Legal category POM

Packs Containers of 60 tablets (trade price £72)

PL number PL 0002/0202
Issued July 1992



THE FASTEST MOVER IN THE MARKET

In the past year Sudocrem has reached more bottoms than ever before. With over 50%* of the branded nappy rash market, it outsells all other brands put together... and it's still going strong.

Recommended by professionals, trusted by Mums, Sudocrem treats *and* protects against nappy rash – that's why it's always in demand. And with a full range of sizes (60g, 125g, 250g and 400g) you encourage your customers to try and then trade up – giving you the biggest returns.

With Sudocrem's massive share, professional recommendation and increased promotional support, you can't stock a more popular brand.



Counterpoints

Cow & Gate add 14 new lines to Olvarit

Cow & Gate have extended their Olvarit range of baby meals to offer an additional 14 varieties, taking the total to 52. The products include a new sector, Stage 1 breakfasts.

The two new breakfasts are for babies from about three to four months, are gluten and milk-free and so suitable for babies with lactose intolerance. The new flavours are Island Fruits with Rice Cereal, and Sunrise Fruits with Rice Cereal.

Further additions include eight new vegetarian baby meals in Stage 1 and Stage 2. New variants include: Cauliflower Cheese (Stage 1), Cauliflower Cheese with Garden Vegetable (Stage 2), Country Vegetable Ratatouille, Highland Cheese and Vegetable Bake, Crofters Lentil Casserole (all Stage



1 and 2). All products are approved by the Vegetarian Society.

Cow & Gate have also increased their range of desserts with the addition of Traditional Rice Pudding and Milk Chocolate Dessert (Stage 1

and 2).

The new products will be supported by promotional activity and sampling, including direct mail aimed at mothers of three to seven month old babies. Cow & Gate. Tel: 0225 768381.

New look for Preparation H

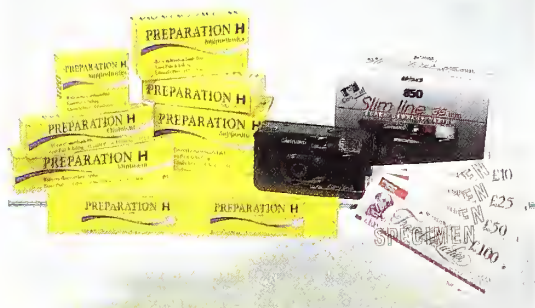
Preparation H ointment and suppositories are now available in redesigned packs.

Whitehall Laboratories are encouraging pharmacists to bring the new-look range out from behind the counter and put it into open display.

The company says the new graphics in the familiar yellow and blue give the product a more modern and sympathetic image for greater impact on-shelf which will encourage self-selection. On-pack information has also been updated making it easier to read and understand.

Pack sizes of Preparation H have been changed from 28g and 51g to 25g and 50g; the prices remain unchanged.

Whitehall will be supporting the repackaging programme with a "Mystery Shopper" promotion. During October a mystery shopper will visit over 1,000 pharmacies around the country. If Preparation H is on display with POS material the pharmacist



will be entered in a free draw for Thomas Cook holiday vouchers. Four entries will be drawn and each will receive a £250 voucher.

If Preparation H is also

available for self-selection with point-of-sale material, the pharmacist will also be presented with a slimline compact 35mm camera. Whitehall Laboratories. Tel: 071-636 8080.

SMA baby care advice

SMA Nutrition have produced a series of nine educational leaflets which will come with all their baby milk products. Information is given on child development, early learning, weaning, follow-on milks and safety

in the home.

Each leaflet gives information on each topic as well as on choosing the right baby milk. One of the leaflets also contains a free height chart offer. SMA Nutrition. Tel: 0628 660633.

Ribena relaunched with extra vitamins

Smithkline Beecham are relaunching the Ribena concentrates range with a "now with even more vitamins" formulation.

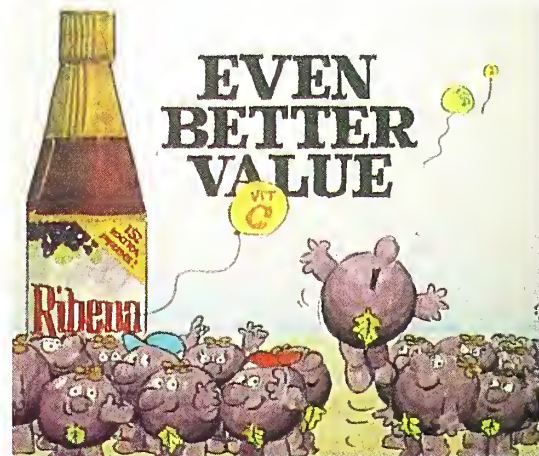
The relaunched drinks will contain increased amounts of Niacin, B6 and B12 plus three additional vitamins — vitamin D, folic acid and vitamin B5. The drink still contains 100 per cent of the recommended daily allowance of vitamin C, says the company.

All packs will feature a "now with even more vitamins" flash. To support the relaunch there will be a 15 per cent extra free promotion on 600ml, 1

litre and 2 litre sizes throughout the Autumn. There will also be a special £1.35 price marked pack of 400ml Ribena blackcurrant and light variants for the independent sector.

The brand is being supported with a new £1 million television campaign featuring the Ribenaberries.

The advertisement, which breaks on September 19 and runs for the next seven weeks, announces the introduction of extra vitamins and the extra fill promotion. Smithkline Beecham Drinks UK. Tel: 081-560 5151.



Active Bodies for all

Adidas Active Bodies is now available to independent pharmacies.

Previously exclusive to Boots, the new male toiletry range includes: eau de cologne (50ml £9.50; 100ml £12.95; 25ml trial size £3.95); body

shampoo (250ml £3.75); talc (150g £3.75); bodyspray (£3.75); deodorant stick (£3.75); travel bag holding 50ml eau de cologne and 50ml bodyspray (£12.95). Yardley Lenthery. Tel: 0276 686979.



Colgate-Palmolive are running a twin pack promotion on their Great Regular flavour, tartar control formula and blue minty gel. This is the first time it has run in pharmacies. The twin pack retails at £1.19 for two 50ml tubes, a saving of 25p. Colgate-Palmolive. Tel: 0483 302222.



Who ever heard of a beaver with teething troubles?

It's not surprising really. But you don't seem to get that many wild animals in, looking for something to help them cope with cutting their first teeth.

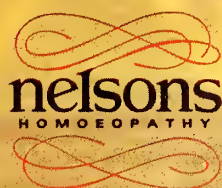
Proof that, when it comes to teething, Nature provides the best solution.

So, when your customers ask your advice on what to do about their grizzling baby, why not recommend a natural medicine whose active ingredients are perfectly safe for everyone.

Like Nelson's homoeopathic Teething Granules.

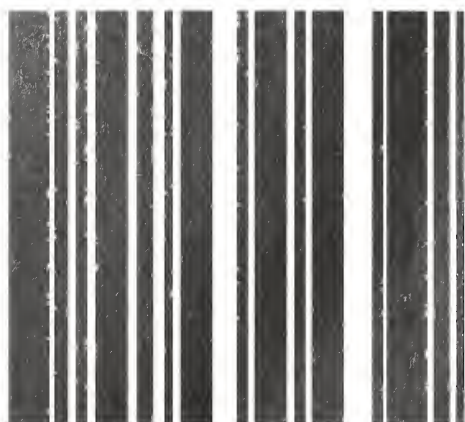
What's more, last year's 30 per cent sales growth – backed by the new blister pack design and high profile advertising campaign – means interest, and therefore sales, are set to rocket. And when they do, the 40 per cent margin guarantees a huge profit potential.

Next time, recommend the natural answer to teething. Recommend Nelsons.



IT'S ONLY NATURAL





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LINK
POS

**We're not
just out to make
a quick sale.**

At AAH our aim isn't to
sell you an EPOS system at any cost, but
to supply you with the right
system for your pharmacy. That's why
LINKPOS isn't just one
standard system, but a package tailor-
made to meet your individual
requirements. For further information
contact your AAH Branch
Manager today or come and see us on
stand No. D30 at Chemex '92.



PHARMACEUTICALS
LIMITED

WHERE IT ALL COMES TOGETHER.

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granda	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TWS South West	HTV Wales & West
CTV Channel Islands	TTV Thames	TVS South
LWT London Weekend Television		TT Tyne Tees

Anadin Extra soluble:	TTV, C4, BskyB, TV-am
Askit Powders:	STV
Canesten VC:	TVS, C4
Clorets:	All areas except CTV, LWT, C4
Colgate Great Regular Flavour:	All areas
Colgate Plax:	All areas
Cream Silk	All areas
Dettol:	All areas except LWT
Dove:	All areas
Forward Follow-on Milk:	TV-am
Impulse body spray	All areas
Maws:	All areas
Nurofen:	All areas
Once:	All areas
Ponds Performance:	All areas except U, TV-am
Rap-eze:	A, TVS, LWT, TTV, C4
Salon Selectives:	GTV, STV, B, Y, TT, C4
Slim-Fast:	All areas
Synergie:	All areas
Timotei Complete Care:	All areas
Wrigley's Extra & Orbit:	All areas

Punch and Judy offer

Roche Nicholas are running a consumer promotion on their Punch and Judy children's toothpaste.

Consumers can send off for a T-shirt with Punch and Judy characters for

£1.99 plus two bar codes. Two sizes are available, 4-6 years or 7-11 years. Packs will be flashed to highlight the offer, which runs from October 1 to December 31. Roche Nicholas. Tel: 0707 328128.



Starman Toiletries are extending their Only Natural range with the launch of a creme bath. Available in three variants — Passion Fruit, Apple Blush and Soft Peach — it comes in 1 litre bottles (£4.50 per dozen). Starman Toiletries. Tel: 061-725 9709.

Brand leader goes on trial



NEW TRIAL SIZE STARTER PACK

In research, 9 out of 10 respondents who tried brand-leading Ibuleve stated that they found its unique formulation effective and they intended to repurchase. Now, even more of your customers can experience the painkilling power of Ibuleve with new Ibuleve Trial Size Starter Packs. They'll discover for themselves the advantages of Ibuleve over pills and traditional rubs. New Ibuleve Trial Size. Available for a limited period, with unlimited potential.

**PAIN
RELIEF
WITHOUT
PILLS**

FOR THE RELIEF OF BACKACHE, RHEUMATIC AND MUSCULAR PAIN, SPRAINS AND STRAINS.

DISTRIBUTED BY DDD/DENDRON LIMITED, WATFORD, HERTS WD1 7JH

Garnier add three to Synergie skincare



Garnier are extending their Synergie skincare range with the addition of three products: Overnight Regenerating Cream, Dry Skin Daily Nourishing Cream and Gentle Aqua Cleansing Scrub.

Overnight Regenerating Cream (40ml tube £5.09; 40ml pot £5.99) has a combined soothing and regenerating action, say Garnier. It contains proteins and plant oils including oil of canedeia. It comes in outers of six tubes or pots. According to research, one in five women use a night care product.

Dry Skin Daily Nourishing Cream (40ml tube £5.09, 40ml pot £5.99) has been introduced following research which

revealed 75 per cent of women who consider they have dry skin feel they need a special skincare product. The cream has a three-fold action and includes extract of karite and nutritive dermo-lipids.

Gentle Aqua Cleansing Scrub (75ml tube £3.49) is a gel formula with micro-particles said to cleanse without scratching the skin. Extract of red seaweed is included to soothe the skin.

Synergie is being supported by a £900,000 television campaign which begins this month. In addition there will be Press sampling activity in women's magazines, including trial size pots of Overnight Regenerating Cream and Dry Skin Daily

Nourishing Cream (£1.99 each), with the bonus of a 50p off next purchase coupon.

A trial size sachet of Synergie Gentle Cleansing Mask (£0.99) will also be available, also with a 50p off next purchase coupon. **Laboratoires Garnier. Tel: 071-937 5454.**

Free Yardley gift

Yardley are offering a free trial size foam bath and talc with any two purchases from their Floral range.

The samples, in either Roses or Lilies, come in a free cosmetic bag. The promotion is exclusive to independent pharmacists throughout October. **Yardley Lenthéric. Tel: 0276 686979.**

Cutex adds gift collections

Cutex have introduced two cosmetic collections designed with the gift season in mind.

Colour Overtures consists of Fantasia and Sonata, sets of three Lasting Colour nail polish shades. Fantasia comprises Arctic Ice, South Sea Pearl and Tunisian Silk; Sonata includes Rose Water, Rose Garnet and Porto Glow. Also contained in each box (£4.99) is a free pair of

gold-plated clip on earrings. A 50p off next purchase coupon is available at point of sale.

Also for Christmas is the Complete Care for Hands & Nails kit (£9.99). This includes hand and nail treatment, nail strengthener, silk base coat, brilliant top coat, emery boards, orange stick. **Rimmel International. Tel: 071-637 1621.**

Recycled additions

Montagne Jeunesse are introducing six new trial sizes to their range.

Royal Jelly moisturising bath cream, Apricot and Almond hand cream and Purest Plant facial wash come in 50ml bottles (£0.99). Three variants are available in a 75ml size

(£0.99); Seaweed and Mineral body scrub, Evening Primrose Oil and Vitamin E shampoo.

Montagne Jeunesse have added two new hand cream lines, Peach and Almond, and Coconut Oil and Rose (125ml £2.49). **Addis Ltd. Tel: 0992 584221.**

Seasonal shades on offer from Rimmel

Rimmel are offering selected shades of their Fashion Plus lipstick and nail polish for £0.99 each for the Christmas period.

A selection of eight shades of lipstick and toning nail polish are available.

Also for the 1992 festive season is the Rimmel Perfect Vision collection of eye make-up.

Eye Spy single shadows are on offer at £0.99, as are Soft Kohl pencils, Eyeliner pencil and Eyebrow pencil. Lash Base coat and Waterproof mascara are also on special offer at £1.75 each. **Rimmel International. Tel: 071-637 1621.**

Bio-Light campaign

Bioconcepts are launching an Autumn campaign for Bio-Light slimming food.

The £150,000 campaign highlights the two new Bio-Light flavours and will appear in newspapers, women's magazines and slimming magazines until January. In addition, two new point of sale units are available. **Bioconcepts. Tel: 0705 678131.**

Formule B

Bioconcepts are supporting Formule B with an Autumn Press campaign. The new advert, which will run until January, appears in women's magazines and newspapers. POS material is available. **Bioconcepts. Tel: 0705 678131.**



Elida Gibbs have produced a range of natural beauty guides for their Kyomi deo-perspirant. Written by an independent health and beauty expert and promoted through women's magazines, there are three guides to choose from. Nature's Beauty Store looks at natural products from the earth and sea; Creating a Natural Look shows how to use cosmetics to best effect; Beauty Beats the Blue gives advice on diet and exercise during the Winter. **Elida Gibbs. Tel: 071-486 1200**



Wella are relaunching their Shaders & Toners wash-out colourants in contemporary new packaging. Each of the 10 shades feature stronger pack colours, and the display carton has also been updated. New point of sale material is available, including a shelf organiser. **Wella GB. Tel: 0256 20202**



Now the best seller is available as a spray, the heat is really on

How do you build on the effective relief provided by a topical analgesic heat rub that has been so widely prescribed and recommended by GP's over the last twenty years, that it has become the biggest selling single pack?

Offer a heat spray with the same leading Transvasin name.

Transvasin Heat Spray is available OTC in a handy 125ml can – and, while stocks last, with 25ml extra free.

Backed by a national consumer advertising campaign, the most successful heat rub on the market is set to repeat its popularity as a branded GSL status spray, giving your customers the rapid effective relief they need – and the rapid effective sales you want.

So make sure you've got your finger on the button of even more profitable sales – by stocking up with Transvasin Heat Spray.

 **Seton
Healthcare Group plc**

Seton Healthcare Group plc, Tubiton House, Oldham OL1 3HS, England. Telephone 061-652 2222

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promotional offers.*

Water babies unite...

Five bathtime products for kids have been launched by Tommee Tippee.

A bear-shaped thermometer (£2.49) which floats on the water and records the temperature on a non-toxic gauge comes in lemon or green.

Two boxed sets (each £3.99) are offered. One contains a Tommee Tippee bubble bath and a squeeze vinyl figure and the other has a squeeze yellow duck

and a red boat.

A set of three floating yellow ducks (£2.99) and an adjustable duck-shaped inflatable shampoo shield (£1.99) complete the new introductions.

For babies, a new line in teethingers is available. In bear and rabbit shapes (£1.75) the heads and bodies are hard plastic while the arms, legs and ears are soft. **Jackel International. Tel: 091-250 1864.**

A natural stance

Opal Products are relaunching their Vale of Health range.

The range has been reformulated and repackaged in recyclable material, and is now divided into four product families. Natural Keratin encompasses the range of shampoos and

conditioners; Natural Satin comprises 2 in 1 shampoo plus shower gel with moisturiser; Natural Choice contains hair and skincare products; Natural Unity includes a natural 2 in 1 shampoo, which is chemical and preservative free. **Opal Products. Tel: 081-861 6181.**

Free Gillette gel

Gillette are offering a free 75ml can of Gillette gel with Gillette Sensor in a special combination pack. A new television advertising campaign kicks

off this month, coinciding with peak time sports coverage. The campaign runs until the end of October. **Gillette UK. Tel: 081-560 1234.**

Sunbrella in the shades

New shapes, new colours and new styles but no price increases is the Sunbrella promise for 1993, say Jackel International about their sunglasses range.

A simple pricing structure of £6.99 practically across the board comes with a wide choice and 100 per cent guaranteed protection against UV rays, claim Jackel.

Floor and counter display stands come free as do pochettes for every pair of glasses sold. The full range includes clip-ons, driving glasses, metal frames and Photochange lenses.

For children Tommee and Topsy sunglasses at £0.99 and £1.99 also offer 100 per cent UV protection.

A new Sunbrella catalogue with details of the complete ranges is now out, and will be available with the full collection at Chemex this weekend. **Jackel International Ltd. Tel: 091-250 1864.**

Tanacet move

Tanacet Feverfew 125, manufactured by Herbal Laboratories, is now being distributed by **Keyline Brands. Tel: 081-579 8991.**

Lloyd's Cream

Seton Healthcare are advertising the analgesic Lloyd's Cream in a new national campaign in women's magazines. The campaign follows the acquisition and relaunch of the brand. **Seton Healthcare Group. Tel: 061-652 2222.**

Cash back

Wella are offering consumers £1 cash back to encourage trial of Wella Balsam Wash & Care 3 in 1. The coupon will be attached to bottles and is redeemable until December

'93. **Wella GB. Tel: 0256 20202.**

Large Wet Ones

Jeyes have launched a resealable travel pack of 20 large Wet Ones (£0.79). "Open and reseal" instructions are given on the opening in the centre of the pack and usage hints on the reverse. **Jeyes Group plc. Tel: 0842 754567.**

Andrexx offers

Scott are promoting Andrexx with a £1.5 million spend on a competition which gives consumers the chance to win some 100,000 vouchers, or 50 special edition Peugeot 106 cars. To enter, consumers need to look for winning stickers on the outside of empty Andrexx cardboard centre tubes. **Scott Ltd. Tel: 0342 327191.**

Winter discounts

AAH are offering members a 12.5 per cent discount on orders of six or more trade outers of any variant of Vantage Winter remedies.

With orders of eight or more outers, members can qualify for a 15 per cent discount.

The latest addition to

the Vantage household products range is thick bleach. Sold in outers of 12 at £5.40 it has a rrp of £0.65.

The launch coincides with the relaunch of the existing Vantage household bleach. **AAH Pharmaceuticals. Tel: 0928 717070.**

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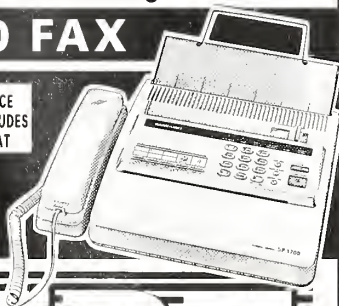
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ATTRACTING CUSTOMERS REPELLING HEADLICE

Never on a Sunday

The main conclusion of *Chemist & Druggist's* Sunday trading survey is that the great majority of pharmacy businesses do not want to trade on Sundays. Some 66 per cent of those questioned — who were all either pharmacist proprietors or pharmacist managers — came down against Sunday trading.

And the issue is an important one for the profession; in our survey, 67 per cent said it was either "very important" or "important" to them personally. This was a much stronger response than answers to the question "How important is the issue of Sunday Trading to your business?", though 50 per cent still claimed the issue was either "very important" or "important".

A possible interpretation of this is that many pharmacists do

With the Government promising new legislation in the Autumn and a private member's Bill already past the first reading stage, changes in the law on Sunday trading are very much a part of the current political agenda. The reform lobby wants to replace the 1950 Shops Act with more liberal legislation, in the belief it will increase trade and that there is public demand for it. In a specially commissioned survey, *Chemist & Druggist* asked pharmacists what they wanted of the Sunday trading law. Business Editor Zack Goldring reviews the results

such as the overheads not being worth the additional trade expected, was the answer given by 15 per cent and 14 per cent said they did not open because Sunday is the traditional day of rest. Only 11 per cent gave religious reasons as their reason for remaining closed on Sunday.

However, on a more practical note, pharmacists do not appear to expect to have staffing problems from opening

greater than average NHS business, 19 per cent do good OTC business and just 11 per

cent find that sales of other products are better than on a week day.

In the face of what looks like a clear lack of enthusiasm for Sunday trading, the response to our question on what respondents would like to see in any new legislation produced a surprisingly even split: 32 per cent would like new legislation to be more restrictive, 30 per cent want the current law to continue while 35 per cent want to see the law liberalised for all businesses.

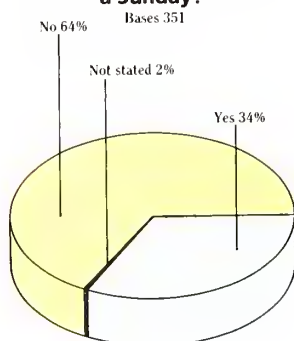
However, these raw figures hide a clear preference among the multiples, defined in our survey as chains of five or more shops, for a more liberal Sunday opening law — some 75 per cent are in favour of it.

Figures for Scotland, where there is already a "free legal choice" to open on Sunday, also show a slight preference for more liberal Sunday opening in the rest of the UK, with 41 per cent in favour, 37 per cent against and 22 per cent for the *status quo*.

It is this sort of breakdown which shows where the debate really lies. There is a marked difference in attitude between independents and multiples in England, Wales and Northern Ireland, and between Scotland and the rest of the UK. For instance, 71 per cent of independents outside Scotland said they were personally against Sunday trading and only 13 per cent were in favour.

However, for the multiples, there was only a slight "anti"

Do you currently open on a Sunday?



not expect Sunday trading to greatly increase the revenue of their businesses and resist opening on Sunday because of the damage it would do to their family life.

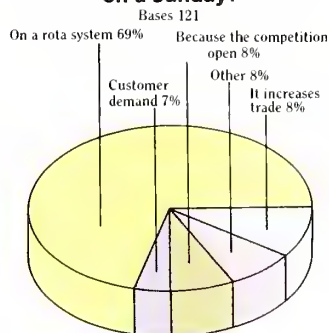
Current practice

To some extent this is borne out by the answers to our questions about current Sunday opening practices. While 34 per cent of respondents said they currently open on Sundays, almost 70 per cent said they did so because they were in a rota system. Only 8 per cent did so because the competition was open, 8 per cent did so because it increased their trade and 7 per cent opened in response to customer demand.

Those who currently choose not to open on Sundays have a variety of reasons for their decision: 35 per cent cite personal reasons while another 24 per cent said they had no need to open on Sundays.

General financial reasons,

If yes, why do you open on a Sunday?



on Sundays: only 5 per cent said they did not open on Sunday because they either could not afford or could not attract Sunday staff.

For those who do open on Sundays it is not because trading volumes are exceptionally high. Sixty per cent of those questioned said NHS business is less than average on Sundays, 47 per cent said the same is true of OTC medicines and 57 per cent expect to sell less of other products on a Sunday. Only 16 per cent of those who open see

If no, why don't you open on a Sunday?

Personal reasons	35
	34
	38
	38
No need to open	24
	15
	3
	30
General financial reasons	15
	10
	41
	12
Day of rest	14
	23
	0
	0
For ethical reasons	13
	15
	0
	15
For religious reasons	11
	10
	10
	12
Staffing problems ie cannot attract them	12
	2
	0
	2
Staffing problems ie cannot afford them	3
	2
	0
	5
Other	15
	13
	10
	23

Total %
 Independents Excl. Scotland %
 Multiples Excl. Scotland %
 Scotland Independents/multiples %

Bases: (226) (137) (29) (60)
 Percentages total more than 100 due to multiple responses



One of Safeways in-store pharmacies

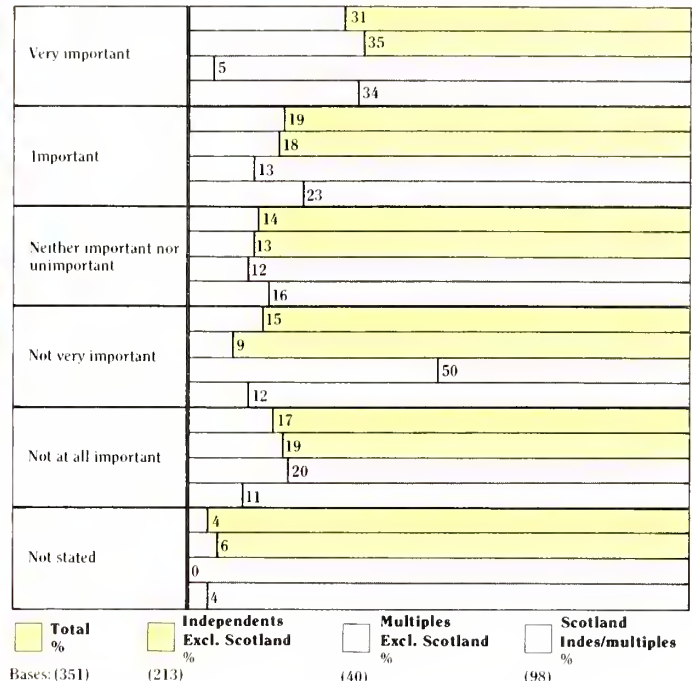
majority, with 48 per cent in favour and 42 per cent against. In Scotland, 63 per cent personally do not want Sunday trading, against 30 per cent who do.

As an issue, Sunday trading seems to be least important to pharmacists working in the multiples, with only 38 per cent describing it as either

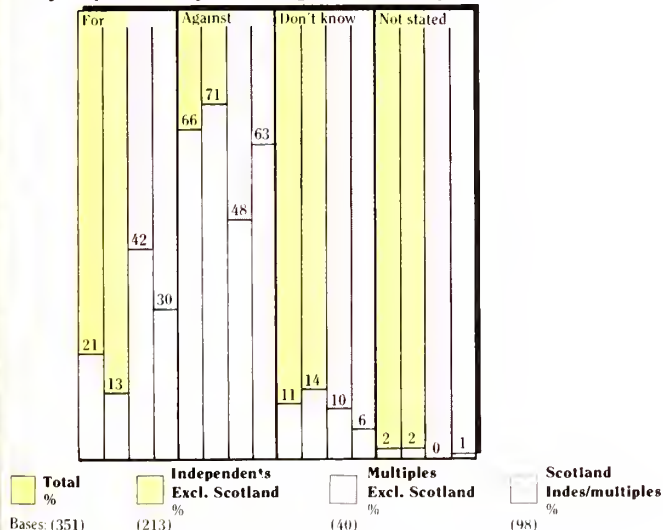
"important" or "very important" compared to 70 per cent of independents outside Scotland and 72 per cent of pharmacy businesses in Scotland. The multiples also regard Sunday trading as less important to their business than the independents or the Scots.

This last result may simply be

How important is the issue of Sunday trading to your business?



Are you personally for or against Sunday Trading?



that it is the independents who feel more threatened by changes in the law. Multiples may be able to see through any increase in opening hours with less upheaval than community pharmacies. This is reflected in the reasons people gave us for their views.

Independent view

Among the independents outside Scotland, by far the highest number of those who would like Sunday trading to be more restrictive want this because they believe Sunday should be a day of rest.

A large number of those who want current Sunday trading legislation to remain the same

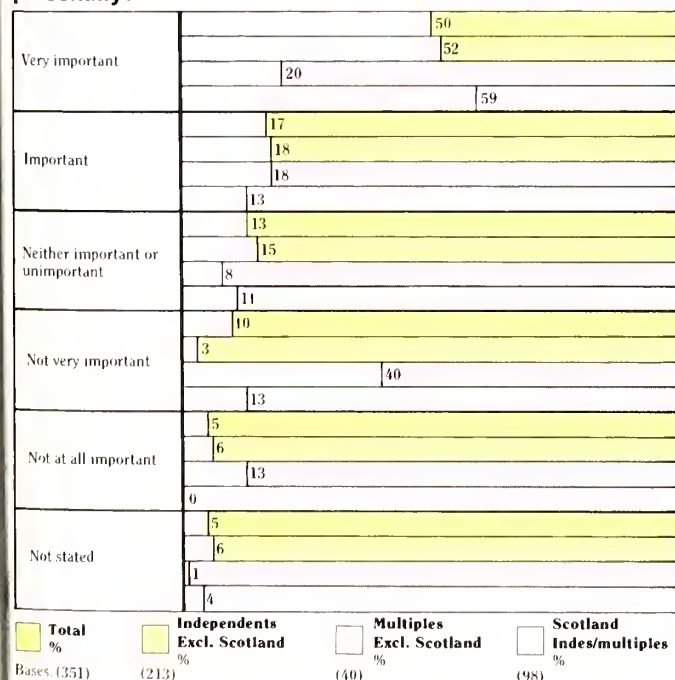
also want it to be more strictly enforced. And among those who prefer to see a more liberal attitude to Sunday trading, by far the highest number see it as an issue of free choice. A similar pattern can be seen in the responses of the multiples in England, Wales and Northern Ireland.

In Scotland, however, there is some change in emphasis in that the free choice argument is even more strongly held among the liberalisers, while for those who want the law unchanged, "six days is enough" is the most popular reason given.

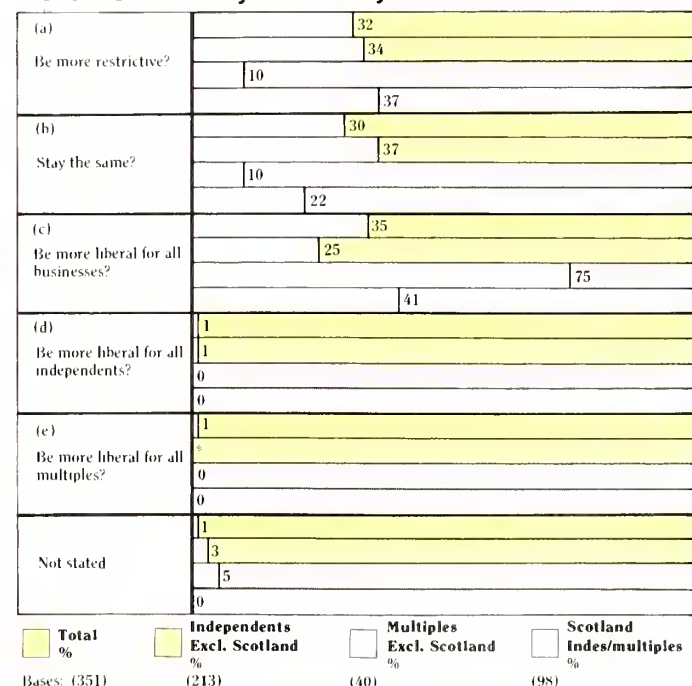
The underlying reason for the

Continued on p452

How important is the issue of Sunday trading to you personally?



The government is planning new Sunday trading legislation for the end of this year. Would you like it to...



* - less than 0.5%

Heads above the parapet

As the Sunday trading debate continues unabated, *Chemist & Druggist* invites the major interested parties, from Moss to the NPA, to provide statements on where they stand on this important commercial issue for pharmacy

Continued from p451

lack of enthusiasm for Sunday opening among independent pharmacists may be a reflection of the long hours they already put in. While 9am is the predominant opening time for both independents and multiples, only 7 per cent of multiples open after 6pm, compared to 50 per cent of independents. Moreover more than half the independents interviewed — some 52 per cent — do not operate an early closing day compared to 44 per cent of the multiples.

If the rota incidence of 62 per cent for community pharmacies is also taken into account, compared to just 26 per cent for multiples, it is clear that pharmacies already provide long hours of service for their customers.

Competition

Against that, pharmacists clearly feel that they are in a very competitive situation, with an average of five competing outlets for each pharmacy. The main source of competition for both independents and multiples is identified as other independent pharmacies.

This could suggest that Sunday opening could be no more than a zero-sum game for independents — they would feel they had to open if their competitors did, without necessarily expecting to significantly increase their gross revenue for the week.

Our survey was conducted among experienced pharmacists qualified for an average 18 years and with an average 11 years in their present pharmacies. We talked to people in every type of pharmacy business in a variety of locations — suburban precincts, town centre high streets, villages, out of town shopping centres, health centres, supermarkets and to businesses which fell into none of these categories. Of our respondents, 90 per cent were in traditional pharmacies, with 23 per cent offering speciality services and 24 per cent providing professional services such as diagnostic testing or chiropody.

The survey results are based on telephone interviews with 351 pharmacists between August 13 and August 17 this year. It did not include Boots the Chemists.



NPA director Tim Astill

The NPA

The NPA is opposed to a total relaxation of the Sunday trading laws. The main reason is that it would effectively force pharmacists to open seven days a week.

Under their terms of service all pharmacy contractors are obliged to open Monday to Saturday. The only "day off" is therefore a Sunday.

The arguments put up by lobby groups in favour of Sunday trading is that retailers opening on Sunday can take a day off during the week. Pharmacists cannot and therefore would have to work a seven day week (or employ a locum) and employ additional staff to cover the extra hours. This would put an impossible financial burden on many smaller pharmacies whose viability may be endangered.

In fact many pharmacies do open for a few hours on Sundays for the dispensing of prescriptions and the sale of medical and surgical appliances. This activity is catered for by the Shops Act 1950.

The NPA supports the Keep Sunday Special Campaign (KSSC). KSSC have for a number of years campaigned against a total deregulation of Sunday trading. They appreciate that there is a need for some retailers to open on Sundays and have drawn up a number of proposals to allow for this.

The proposals call for an updating of the 1950 Shops Act by developing a list of "exempt goods" with "exempt shops" providing goods allowed for under the present law:

- Recreation (eg sports centres, garden centres)

- Emergencies (eg pharmacies)
- Social gatherings (eg restaurants)
- Travelling public (eg petrol stations).

The REST proposals have now been incorporated into a private member's Bill, the Shops (Amendment) Bill 1992. The Bill is being introduced by Ray Powell MP, and as he has come third in the members' ballot there is a reasonable prospect that it will make progress.

As far as pharmacies are concerned, the Bill allows them to open all day on Sundays for dispensing prescriptions and selling medical and surgical appliances (as allowed under the Shops Act), but in addition it would allow pharmacies to open for a continuous period of two hours for the sale of any merchandise stocked.

The Bill is therefore a slight evolution of the current Act, which would allow pharmacies opening for a one hour rota period to sell anything. However, it would restrict companies like Boots from using the fact that they are a pharmacy to open all day. For this reason the Bill has the support of the NPA.

AAH Pharmacy Concessions

We plan to comply with current legislation and we support the REST proposals.

Safeway



Safeway's superintendent pharmacist Julian Ashley

Safeway is, in principle, in favour of Sunday trading.

Our experience in Scotland, where 52 out of 53 stores have successfully traded on Sundays

for up to seven years with purely volunteer staff, is now welcomed in England and Wales. There are increasing numbers of customers, particularly those with families, working mothers and those with restricted access to a car, who appreciate the freedom to choose when to visit a fully stocked supermarket.

As retailers, we believe we should respond to that customer demand and we will continue Sunday trading in 142 out of 270 Safeway stores in England and Wales.

The Home Secretary stated in the House of Commons on June 18 that "no-one is breaking the law, because the House of Lords has decided that it is not clear what the law is". The recent House of Lords ruling did not change this situation.

UK law remains confused and unclear and we wait for the EC Court of Justice decision in the Autumn before formally determining what action we should take.

Moss Chemists



Moss md Barry Andrews

The Shops Act, enacted between 1950 and 1962, regulated shop opening hours, or to be more precise closing hours, to protect staff from exploitation by their employers. Although there have been subsequent minor amendments by both government and individual local authorities the thrust of the legislation has remained unchanged for nearly half a century.

However, during this period there has been a major change in retailing with the advent of massive shopping malls, retail warehouses, edge-of-town food

superstores and convenience stores. In addition, an increasing number of women are in full-time work, as are their husbands, making it increasingly difficult for either to shop in normal hours.

A shopping revolution has indeed happened. After a few initial difficulties all shops currently opening on a Sunday are staffed by volunteers which changes the situation of some 40 years ago. The Shops Act, together with various union agreements, need updating as a matter of urgency.

This said, the Sunday trading philosophy of retailers mainly stems from the "customer is king" approach, ie if there is a consumer demand it should be satisfied if at all possible. Moss fully support this stance. It is, I believe, hypocritical for retailers to have a commitment to service, but then only offer it when it suits them.

There is plenty of evidence to suggest that Sunday trading is desirable from the customer's point of view. It has happened in Scotland for a number of years and has become one of the busiest family shopping days. The law in England and Wales was breached in a significant way towards the end of last year and most operators of food stores and DIY centres find trading most satisfactory.

From the retailer's view, Sunday trading must increase costs and therefore can only be successful if market share is increased. By definition this can only happen if not all retailers open, and I believe that it is this issue that concerns most retailers long-term. There is the additional benefit that Sunday trading spreads the trade by levelling out activity peaks on Friday and Saturday.

Retail pharmacy is a special case by its very nature and this was recognised by the dispensing of NHS prescriptions and the selling of medicines and surgical appliances being exempted from the provision of the 1950 Act. This is because the Act recognised the difference between "distress" purchases, ie those based on need, and discretionary purchases which are of desire. The public also recognise this difference and I believe that they now have a legitimate expectation to find a pharmacy open on a Sunday for hours in excess of a one hour rota.

Of the approximately 200 pharmacies owned by Moss, 43 are open on a Sunday and all but four are either in Scotland and/or in a food superstore. All trade profitability on Sunday and this number is likely to increase.

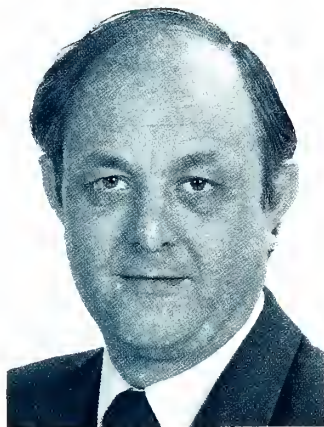
Patients are delighted we open, and although we dispense the least number of scripts on that day, Sunday has become the second or third busiest retail day. Interestingly the proportion of medicines sold on a Sunday is higher than any other day, proving there is a real and genuine need.

I believe that a catchment area of 100,000 or more would support a full Sunday trading pharmacy which means perhaps

one in 20 pharmacies could profitably open. No employee of Moss is compelled to work on Sunday (other than for rota or other contractual reasons).

Moss feel that Sunday opening as a concept should not be discouraged. We also believe that for pharmacy as a profession to provide a credible overall service, then patients would have ready access to NHS and other pharmacy services seven days a week.

NCCL



Roy Carrington, md at NCCL

Nobody can argue that the present law relating to Sunday trading in England and Wales is satisfactory, but a situation that was previously ridiculous has now degenerated into a shameful farce, with the Government failing to enforce the law of the land.

National Co-operative Chemists support the views of the Co-operative movement as a whole. We are certainly not against all Sunday trading as such, and we are campaigning for sensible reform which would tidy up the current anomalies and reflect more closely the lifestyles of our customers in the 1990s.

What we do oppose most strongly, however, is total deregulation, as we believe a great majority of our members, customers and staff want to see Sunday retained as a day that is different.

Along with other retailers in the Keep Sunday Special lobby, we are looking for sensible reform enshrined in legislation which is then enforced fairly and uniformly. The legislation must recognise, for example, the impact Sunday trading could have on the environment and the costs of local authority services such as transport and police. It must also take into account those who work in the retail trade.

The events of last Christmas, which saw many of the major multiple grocers opening on Sundays and making a mockery of the law, were a shameful display of corporate power and greed. To protect our own competitive position, some Co-operative pharmacy outlets in superstores were obliged to open, often against their better judgment, to ensure that a full range of services was provided. That situation continues today.

The sooner the present

muddle is ended and sensible reform is introduced, the better it will be for everyone in the retail industry.

Tesco

Tesco believe that customers should continue to enjoy the freedom to shop on Sundays if they wish. Already a very popular food shopping day in England and Wales, as it has been in Scotland for many years, more than 500,000 people regularly shop in Tesco on Sundays. It is also well-liked by staff who work on a voluntary basis at premium pay.

The 200 or so Tesco stores which currently trade on Sundays will continue to do so.

Tesco will not defy injunctions served but would expect local authorities to deal equitably with all local retailers trading on Sundays. In view of the popular response to Sunday opening and the uncertainty which remains on this issue, we believe most local authorities will not take this action.

Shopping Hours Reform council

SHRC proposals:

- Small shops free to open all day
- Larger stores (over 3,000 sq ft) limited to set hours
- A statutory right for shop staff to refuse Sunday work without penalty
- Statutory protection of terms and conditions of Sunday shop staff.

Keep Sunday Special Campaign

The Keep Sunday Special Campaign supports the Shops Amendments Bill 1992, based on the REST proposals.

The principles behind the Bill are:

- Sunday is kept as a special day as in the rest of Europe
- Freedom for families and friends to spend quality time together
- Shopworkers', owners' and residents' freedoms are safeguarded
- Consumers' reasonable needs are met.

Key points of the Bill:

- It is based on the proven practice of our European neighbours
- It is a type of shop approach, not lists of goods
- Exempt shops can sell all their goods. It provides a clear definition of "shop"
- It eradicates anomalies from current lists of goods
- It provides clear employment protection rights, enforceable by law, including in Scotland
- Registration for a fee, not licencing, will make the system self-financing for local councils
- Simple, effective enforcement by local authorities. Look at CPS to assist in future
- Special priority for small food and convenience stores up to 1,500 sq ft.

The types of REST shops which could open would be for 1. Recreation — sports centres, historic house outlets, CTNs, garden centres, florists.

2. Emergencies — pharmacies, small food shops.
3. Social gatherings — restaurants, take-aways, off-licences.
4. Travel — petrol stations, motor spares shops, travel kiosks.

The Bill's REST approach would ensure the kinds of goods we have become accustomed to on Sunday continue to be provided — things which enhance the special nature of the day.

It would work because many of our European partners use a similar system.

It is fair because it continues to limit the number of shops that can trade on Sundays based on established principles within the present law.

It can be enforced since the registration of premises by local authorities is a well-tryed and proven method.

Lloyds Chemists



Chief executive Allen Lloyd

Lloyds Chemists overall policy (subject to health care service provisions) is against indiscriminate Sunday trading, as we believe that Sunday should be set aside for rest and recuperation. This policy has to be tempered and indeed overridden by our responsibility as pharmacists to provide necessary pharmaceutical health care services outside recognised shopping hours, including Sundays.

Where there are organised Sunday and Bank holiday rota schemes we participate.

In areas without organised rota schemes or where there is a recognised need over and above existing rota arrangements, Lloyds Chemists provide the communities with extended hours services for whole or part of Sundays.

In certain areas of the country, particularly holiday resorts, we recognise the need for health care services to be available on Sundays.

Boots The Chemists

Boots declined to express their corporate view because of the contentious nature of Sunday trading and the fact that they were "in debate with the authorities on this matter". Boots also refused C&D permission to approach their managers to seek their personal views on the survey.

Alternative role suggestions for RIP

Due to holidays, I have only just caught up with recent issues of *C&D* and was very interested to read of Hassan Argomandkhah's proposal to form a pressure group to represent independent community pharmacists.

As the co-founder and first chairman of a similar group a few years ago — the Pharmacists Action Committee, later the British Pharmacists Association — and now a member of the Royal Pharmaceutical Society's Council, I should like to pass on to Mr Argomandkhah some of the benefits of my experience.

Like RIP, our organisation was founded to challenge the PSNC for its failure to represent the interests of contractors. While in no way intending to act as an apologist for the PSNC, I have to report that one of the first things I learned on being admitted to the corridors of pharmaceutical power was that the PSNC, if it fails its contractors, does so because it is virtually powerless to oppose the decisions and dictates of the Government.

This means that when the Government decides to impose a remuneration package or reduce Drug Tariff generic prices there is little the PSNC can do.

The Government is, in effect, a monopoly employer that can make "take it or leave it" offers to pharmacy contractors, knowing it will get away with them because it knows that: a) contractors are a heterogeneous group comprised of fiercely independent individuals and companies of varying size in competition with each other, so no unified opposition would ever be likely, b) contractors are likely to continue to use OTC sales to subsidise losses on dispensing in order to stay in business.

The only weapon that the PSNC wields is that of persuasion, and if the Government is not inclined to

be persuaded there is little that the PSNC can do.

For these reasons I would advise Mr Argomandkhah and his supporters not to waste their energy or resources in trying to supplant or even substantially modify the PSNC. I am sure there are no individuals in pharmacy who would be any more successful in negotiations with the Government than the PSNC's representatives, and at least they have the benefit of long experience in the job.

However, I believe the PSNC can be criticised for not communicating the truth of their powerlessness so that at least contractors would understand.

All the same, I wish Mr Argomandkhah's organisation success as a "ginger" group because I believe that ordinary members of the profession need to make their views more forcefully known to its leadership.

I joined the RPSGB's Council believing that it was remote and out of touch with the feelings of the membership, and after seven years, I regret that my views have not substantially altered.

I try to transmit to the Council the opinions expressed to me by the ordinary members that I talk to, but on most occasions, what I say falls on deaf ears. However, I do not entirely blame Council members for this, because if they are not hearing the same views outside of Council that I express within, they may have some justification in thinking that my views are not representative.

If pharmacists want to see things changed to better reflect the realities of their professional and work situations, they must shake off their apathy and ensure that they make their voices heard forcefully and often by the decision makers. If RIP achieves that, then it can count itself a success.

Alan Nathan
London

Curphey calls for positive action by Council

As a Council member from 1989 to 1992 I worked extremely hard in the interests of the profession. I particularly allied myself to the interests of the students and young pharmacists whose future we were trying to assure, and the small, independent community pharmacist who, I warned, was under serious threat from advances in political and professional fields. So were employees in the community sector who, I argued, were under-represented and who numerically had become the largest group of members.

Any successful attempts to overcome the inertia and ponderous nature of Council's decision making were very limited. My warnings of Council inactivity over the Pharmaceutical Care Working Party report fell on stony ground.

My concern that the Council would ignore or rationalise the National Audit Office report are rapidly and regrettably coming to roost.

I lost my battle with Council's voices of reaction and vested interest who objected to the formation of a community pharmacy membership group. Sadly, the genuine concern of some Council members, including myself, over all these issues was poorly reported in the Press.

Now we have the prospect of yet another "pressure group" of disgruntled small independent contractors, again threatening any possibility of the profession working together to get what it believes it deserves.

There can be no future for the pharmacist in the community sector until we all recognise that only by working as one profession can we convince society of our real worth and gain our just reward.

If all that sounds like "I told you so", so be it. Lone voices

shouting on Council, or the professional in the wilderness cannot rectify Council's current laissez-faire attitude to monumental and potentially devastating problems.

It's certainly no good Council refusing to tackle matters of remuneration by claiming that it is not allowed to do so. The Charter does not preclude Council making it quite clear that it is the entire basis and structure of remuneration, and the basis of distribution decision making, which is threatening the profession.

I make no apology for equating community pharmacy with the profession, since two thirds of the membership are community pharmacists. The "chemist's shop" so far as the public, the media, and the politicians are concerned, is the profession.

I intend to stand for election to Council again in 1993. If I am talking sense, then I and others like me are prepared to make things happen. My advice to the Council is "get moving", or you will preside over the demise of the profession as we know it.

P.J. Curphey
Isle of Man

Corsodyl becomes an expensive spray

How can ICI justify the price of the new Corsodyl spray? Corsodyl mouthwash costs £1.25 for 300ml, yet for 60ml of Corsodyl spray at the same concentration, we have a cost of £2.80.

Do spray bottles really cost £1.55? or are ICI cynically milking the NHS for more profit which, no doubt, the Government will attempt to clawback from elsewhere, ie we pharmacists?

J. Thompson
Inverkeithing
Fife



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a long way
to come up
with
Multivitamins
this
advanced.



The first ever from purely natural

Over the years, no one has built more successful health supplement brands than Seven Seas.

And that's a trend that we aim to continue with the launch of our latest product.

A new and, above all, unique range of multivitamins from purely natural sources.

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We know from our past successes that the introduction of new natural products helps stimulate existing markets.

Seven Seas Pure Cod Liver Oil is a prime example.

Over the past three years the introduction of both new products and new product formulations has enabled us to grow the market from £20m in 1989 to £64m in 1991.

What's more, during that time, the VMS market has doubled in size and is today worth over £200m with natural products accounting for more than half of all sales.

The multivitamin sector, however, has been largely ignored by other manufacturers in recent

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£2,000,000 advertising and promotional support

We'll be launching the



range this autumn with a massive £2m advertising and promotional campaign in women's magazines and national press.

Which means around twenty million adults will have an opportunity to see the double page spread ads.

And backing-up the advertising, as always, will be eye-catching in-store display

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The Natural Winner

To take advantage of this unique profit opportunity make sure that your stocks are ordered in good time for the autumn advertising.

Available either with or without iron, new Seven Seas Multivitamins from Natural Sources come in tubs of both one month and two months supplies.

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1992

Birmingham

Mandatory education a must for wider role success

The 129th British Pharmaceutical Conference opened in Birmingham on Monday with a warning that the UK does not make sufficient use of new drugs and a call for mandatory continuing education



Professor Paul Spencer

"How can we claim to be drug experts if the knowledge of even 20 per cent of our colleagues is based on information gained 30 years ago?" he asked.

"The Society's Council has several times debated and dismissed the concept of mandatory continuing education. It has been accepted in the USA and Canada, and by many other professions in the UK... but not pharmacy."

Broader outlook

There is a general acceptance that pharmaceutical practice should become broader. But in a decade where the profession has prided itself on moving away from its drug orientation to patient dominated aspects of practice, Professor Spencer warned: "A good workman should look after his tools, whatever the end purpose of his work. Our tools are our drugs and medicines."

The most efficient use of drugs does not minimise expenditure, but places patient outcome as the first priority, he said. Rather than be proud that drugs continue to cost about 10 per cent of the total NHS budget, it should be possible to show that for every 1 per cent extra the NHS spends on medicines there is a greater reduction in other costs.

Professor Spencer urged the Society's Council to make it mandatory for the pharmacist to be involved at the point of where dispensed medicines are handed over to the patient. "The pharmacist, not his 17 or 18 year old assistant, has a vital role to play at the point of dispensing — so vital that it cannot be served by unqualified colleagues," he argued.

What makes a medicine better?

As the list of medicines becomes longer, it is increasingly important to balance their risks against their effectiveness. It is no longer acceptable for effective medicines to be also clinically toxic, and many new drugs owe their success to improved adverse reaction profiles.

"Who decides whether one medicine is better than another?" asked Professor Spencer. "The physician, the pharmacist or the patient? Or the politician? And which of those opinions is most important — think carefully before answering, since your answer could seriously damage the health of the patient!"

The public does not have an educated view of medicines, and is frequently made hostile by adverse media comment. There is a widespread belief that medicines are toxic, unnecessarily expensive and often ineffective, and that the healthcare system helps promote the excessive profits of the drug industry at the expense of sick people.

"Those who work with medicines believe the situation is dramatically different," said Professor Spencer. Many drugs have revolutionised treatment in the last 20-30 years. An area which may be half forgotten is mental illness, he said. In this single category, one can gain some idea of the incremental gains that better medicines have achieved.

Depressive illness is widespread, and one person in four in western societies will suffer from clinical depression on at least one occasion. There are 2 million new patients each year in Britain alone. Informed opinion suggests that perhaps 75 per cent of people suffering from depression will either not seek medical help, or if they do, their condition is unrecognised.

The discovery of the first generation of anti-depressants came about largely by accident, shortly after the introduction of chlorpromazine in 1952. Such was its impact on serious mental conditions that many companies switched a substantial proportion of their R&D into the search for further anti-psychotic drugs. One of the results was imipramine, formally marketed as an anti-depressant in 1957.

In parallel, the euphoric properties of iproniazid, an analogue of the antitubercular drug isoniazid, led to the discovery that the enzyme monoamine oxidase controlled stores of amine neurotransmitters in the brain.

Until the introduction of imipramine and iproniazid, little progress had been made

about the possible underlying biochemical basis of depression.

Studies soon established that tricyclics were potent inhibitors of noradrenaline and serotonin re-uptake into pre-synaptic neurones, an inhibition that enhanced the activity of these neurotransmitters.

Concurrently, it was shown that MAO inhibition would increase pre-synaptic amine stores, again enhancing transmitter function.

Only small differences exist between various TCAs and MAOIs. The considerable and unacceptable adverse reaction profiles of the first generation products led to newer drugs. The real gains of later products lie mainly in this area.

Adverse effects are the most common reason for patient non-compliance or withdrawal from treatment. Better compliance can offer a significant advantage for a new drug because it may lead to a quicker therapeutic response, said Professor Spencer.

Surveys of the treatment of mental illness have shown dramatic changes during the past 40 years. Patient referral to specialist psychiatric help is now much less likely to incur long stays in hospital.

A sixfold increase in antidepressant scripts from 1960 to 1975 coincided with a one third reduction in the number of hospital mental beds. There is a clear link between the introduction of psychotropic drugs and the steady improvement in both the care of the mentally ill and costs to the NHS.

Make the best use of new drugs...

The changed picture is not as dramatic as it might have been, said Professor Spencer. "There are indications that we do not make the best use of newer drugs — a situation which we as pharmacists contribute to."

Despite a licensing and regulatory body second to none, this country makes less use of major new drugs than many countries. The major reasons are clear, said Professor Spencer. There have been successive government initiatives to contain and drive down the cost of medicines, with formularies, limited lists, and indicative budgets.

Pharmacists have prided themselves on the "savings" they have brought about. But how does one compare the cost of imipramine at 80p a month with that of a chemically and pharmacologically new SSRI antidepressant at £30 a month? asked Professor Spencer.

Many new drugs represent only incremental, albeit significant, improvements on older preparations. For this reason perhaps, the cost of new drugs is always watched aggressively. "My argument is that the supply costs of medicines must be set against the overall costs to the NHS. Discouraging companies from introducing new products may contain drug prices but raise NHS costs overall," he said.

Patient information leaflets and homoeopathy were Monday's Topics for Debate

Homoeopathy ethics questioned

"This Conference believes that pharmacists should not be involved in the promotion or sale of homoeopathic remedies."

Proposing the motion, Brian Harrup, a community pharmacy manager from Blackpool, said that homoeopathy had not been validated by clinical trials. Pharmacists who recommended such remedies were involved in a pretence which was only popular because the public were poorly informed.

"In considering the sale of these products we are not living up to our reputations as experts on medicines and are guilty of hypocrisy," he maintained.

In 1986, the Pharmaceutical Society's Council issued a statement to the effect that there was no scientific basis for homoeopathic actions other than a placebo effect. The British Medical Association and Royal College of Physicians had reached similar conclusions.

One fundamental question was: If homoeopathy works, does it matter how it works? "Those of us who consider ourselves primarily to be scientists would say 'Of course it matters'," he argued.

Mr Harrup believed that clients seeking homoeopathic remedies had probably been misled by pseudo-scientific popular literature. Pharmacists should correct misconceptions by telling them there was no scientific basis for homoeopathy and that any perceived benefits were psychological.

Recommending a placebo



Brian Harrup

without the explicit consent of the purchaser was clearly unethical, immoral and probably unlawful. Whether it worked or not was irrelevant.

If patients were turning to homoeopathy because modern medicines did not alleviate their complaints, then pharmacists selling these products were helping to propagate the myth that there was "a pill for every ill". In pharmacies the indiscriminate supply of every demand could be construed as commercial opportunism.

Another problem was that many OTC homoeopathic remedies were for symptoms that pharmacists would be

reluctant to treat conventionally, such as "painful bloodshot eyes" and "swollen joints."

Speaking against the motion, Dr Steven Kayne, a community pharmacist from Glasgow and a teacher at the Faculty of Homoeopathy, said the fact that homoeopathy had developed as a patient orientated discipline, rather than a scientific one, did not seem to worry many countries but in the UK it was a major barrier to wider acceptance.

The Society's Code of Ethics said pharmacists must not supply any medicines whose efficacy had not been proved to their satisfaction. But what evidence was there that many OTC preparations were little better than a placebo?

The demand for complementary medicines was increasing as the public looked for safer treatments. In Europe

homoeopathic remedies were widely available. In France an OTC homoeopathic remedy for flu was the market leader. It was unlikely that people would continue to buy such products if they were a confidence trick.

Pharmacists should be able to advise patients and promote homoeopathy if and when it was appropriate. "If we do not grasp the opportunity, others less qualified than us most certainly will," he said.

During the discussion, Elizabeth Roddick, a community pharmacist from Glasgow, said that pharmacists who felt uneasy could always advise patients they could not endorse homoeopathic remedies on a scientific basis, and leave the final decision to the purchaser.

Christine Glover, a Council member said homoeopathy was not going to go away. It was better that these remedies were sold in pharmacies than



elsewhere. If homoeopathic medicines were available on the NHS it was nonsense not to sell them.

Drummond Forbes, Bristol Royal Infirmary, said most medicines had a placebo effect. In his experience servicing a homoeopathic clinic, many patients seemed to benefit and came to less harm than they would on allopathic medicines.

The motion was defeated.

Support for PIL counselling

This conference believes that the availability of patient information leaflets increases the need for patients to receive counselling from the pharmacist.

The motion became a resolution of Conference after receiving overwhelming support from delegates.

Mrs Linda Dodds, speaking for the motion, believes that PILs make individual patient counselling more, not less, necessary.

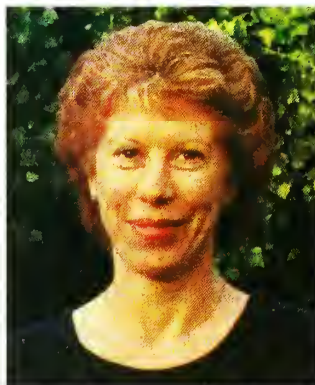
There are disadvantages to PILs: patients are sometimes unable to read or to understand the information; PILs can cause unnecessary alarm and distress leading to poor compliance; and they are difficult to individualise.

Counselling from the pharmacist can put the relative risks of medication in context. Demonstrating an increased commitment to verbal counselling would reinforce the professional image of the pharmacist in the eyes of the prescriber and the patient.

Research must be carried out to establish which patients require counselling on which particular aspects of PILs. There is no doubt that such leaflets are here to stay and pharmacists must respond to the challenge that they bring.

Reflecting on changes that have occurred during the past few years, Mrs Dodds pointed out that it was only 20 years ago that drug names started to appear on prescriptions instead of "tablets" or "medicine". Pharmacists keeping PMRs were a rarity five years ago. By the year 2000, the provision of formalised counselling services for certain patients could be an accepted pharmacy service.

In summary, Mrs Dodds said



Linda Dodds

the written word will never be able to stand alone as a source of information. Problems associated with written information mean that patients are more likely to need individualised counselling.

She urged the assembly to act to ratify verbal counselling as an essential service provided by pharmacists, which will contribute to the safe and effective use of medicines.

Speaking against the motion Ruth Carlisle quoted results of a small study she had carried out. Of 100 patients interviewed, 14 didn't notice the pack had a leaflet, 12 found it unhelpful, two found it worrying and two found it alarming.

In her opinion patients will not welcome verbal counselling for a variety of reasons: some cannot afford the time; others may resent the implication that they require counselling; some may be unnecessarily alarmed.

Many prescriptions are not collected by patients themselves, which raises the issue of patient confidentiality. Miss Carlisle also believed the amount of time needed to

counsel patients would be prohibitive and she questioned whether pharmacists have the necessary communication skills.

Pharmacists are at a disadvantage because they do not know the diagnosis, and advice or information they give maybe in conflict with that given by the doctor.

She questioned whether PIL counselling is the best way of achieving improved patient compliance. Miss Carlisle said understanding directions on a label is more important for improving patient compliance.

She questioned whether PIL counselling would be an effective use of the pharmacist's time and whether patients want it or need it.

Mike Hadley echoed the proposer of the motion, saying that pharmacists are the experts on medicines, and counselling is an essential role for which pharmacists are well trained.

"Freedom of choice is only possible with informed opinion," said Dr Angela Alexander. "Pharmacists should counsel to allow patients to make that choice."

"One of the jobs of the pharmacist in future will be to protect the patient from the worst excess of the defensive manufacturer who seeks to protect himself by listing every possible side effect," said Mr Tim Astill, director of the National Pharmaceutical Association. "Pharmacists will have a role to play in editing the information for patients."

He was looking forward to the day when someone "had a go" at a manufacturer for putting too much information on a leaflet rendering the product unsafe because the patient was afraid to use it.

The motion was carried.

"Home — the place for treatment" was the topic for the Professional Session

Pharmacy Home Care in Ottawa

The Pharmacy Homecare Programme is a pharmacy practice research project started by Ottawa Chemists Clinic Pharmacy in 1987.

Mr Gregory Etue, from the pharmacy, told the Conference that the PHC addresses the problems of complex dosage regimens, understanding instructions and opening packaging which face individuals in a self-care situation in their own home.

The pharmacy provides intensive pharmacy services to patients at home. Poor compliance and incorrect use of medication is often a cause of emergency hospital treatment for the elderly.

The service has about 100 patients and a waiting list of

around 15. It employs two full time pharmacists, a staff registered nurse and pharmacy technicians. There is 24 hour on-call professional coverage and a freefone number for use by patients outside the local area and out-of-town family members.

Patients are referred to the PHC programme by a doctor, allied health professional or family member. The referral process screens patients so that those who most need help are given the highest priority.

Once referred, all patients are visited in their homes where the pharmacist discovers the patient's medical problems and medication. Home visits are used as an opportunity to remove out of date and

unwanted medicines; provide patient counselling; and explain the new system with a patient home chart.

As the patient becomes familiar with the system and compliance improves, the dispensing period is extended from seven days to 14 days and finally to 28 days. Under the programme, the pharmacy is prepared to dispense daily in an attempt to improve the taking of medication.

Simpler drug regimens are used to increase patient compliance and therapeutic effectiveness, while keeping costs at a reasonable level. As a

result fewer drugs are wasted by patients, and the costs and time spent by other healthcare professionals (mainly nursing) are also reduced.

The service is provided free to the patient, and is partially financed by the Ontario Drug Benefit Programme through dispensing fees for the medication. The programme is presently underfunded and its deficit costs are absorbed by the Ottawa Chemists Clinic Pharmacy, said Mr Etue.

PHC is fulfilling a need in the community that benefits not only the patient but also those caring for that individual.

Pharmaceutical advice in residential homes

It does not take a mathematician to appreciate that the fee for pharmaceutical advice could not fund the amount of time necessary to provide the type of residential home service described by Catherine Boury.

In 1984 a Royal Pharmaceutical Society working party, established to look at the administration and control of medicines in residential homes, recommended that pharmacists should visit homes regularly.

In 1989 Mrs Boury was appointed by Selles Dispensing Chemists in Hull as a specialist who would visit residential homes in the vicinity of the city that the company had an interest in.

It was clear to Mrs Boury that medicines were being handled in a haphazard way by a group of people who generally had no training or knowledge. After an initial assessment and a review of the recording and administrative procedures, Mrs Boury attempted to contribute.

She visits 33 residential homes — including psychiatric, geriatric and children's homes — with approximately 600 residents. With many homes, meetings were set up with the residents' GPs, particularly if only one practice was involved.

To highlight the diversity of the homes visited and the different type of pharmacy involvement required by each, Mrs Boury profiled five different homes and the service provided to each.

"If home is to be the place for treatment, the advisory

contract must be compulsory and linked to local authority registration," says Mrs Boury. "It is also worth noting that the current remuneration does not encourage good pharmaceutical practice."

Catherine Boury, community liaison pharmacist with Selles Chemists, Hull



IV therapy — a new aspect of home health care

Home infusion therapy is currently the most dynamic health care sector in the United States with services offered by 5,000 different providers. It's two primary advantages are increased quality of life and cost effectiveness.

Ramona Moenter, director of operations for Option Care, Sacramento, addressed the Conference on intravenous therapy in the alternative care setting. Option Care is a franchise system, linking 187 offices in 40 states into a nationwide network of home infusion therapy providers.

Home IV therapy emerged in the mid-1970s with the advent of administration of total parenteral nutrition at home. Intravenous antibiotic therapy was the next major therapeutic class to be accepted for home use in the early 1980s.

New technology such as infusion pumps and IV access devices has enabled an increasing range of therapies to be safely administered outside the acute care hospital.

Provision of IV therapy in the home requires a complex array of components:

- Delivery of all supplies and services directly to the patient

- Nurses and pharmacists who are highly trained in the professional aspects of administration of these high-tech therapies. Patient care conferences, involving all professional staff are held on at least a weekly basis

- On-call professional staff (pharmacists and nurses) are available 24 hours a day, seven days a week to handle problems or emergencies

- Patient education regarding self-administration of parenteral and enteral therapies

- Professionally prepared parenteral solutions are provided

- All equipment and supplies necessary to complete the therapy are provided

- Ongoing patient monitoring

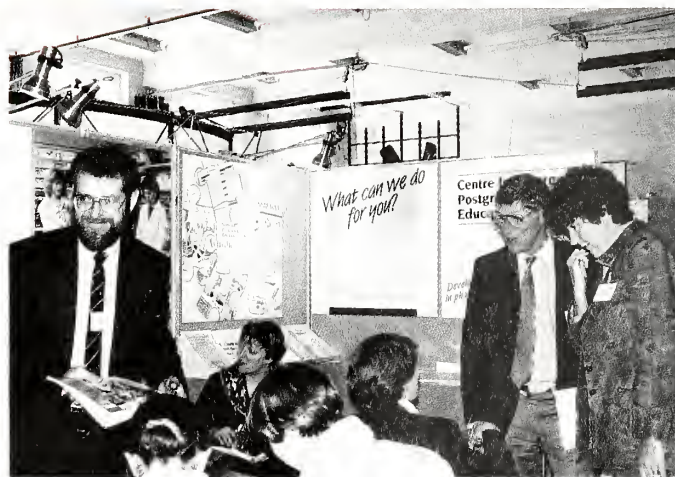
- Insurance billing.

Specific therapies that are appropriate for home infusion include total parenteral, and enteral nutrition; antibiotic, antifungal, and antiviral therapies; pain management, including narcotic and non-narcotic agents; hydration therapy with basic fluids and electrolytes; and cancer chemotherapy.

The keys to successful home infusion therapy are patient selection, the use of high quality and experienced professional staff, and the establishment of a continuous, planned quality assurance programme.

"Alternate site" is a more accurate description than "home" treatment as patients can receive treatment in outpatient rooms, at infusion company offices, out-patient surgery centres and ambulatory infusion centres.

Although the impetus for the trend to move patients into alternate site settings is largely a reaction to the rising costs of providing care in institutions, it has led to an increased quality of life for patients. They tend to be happier as they can exert much greater control over their lives and recuperate more rapidly when treated in their own home.



The bustling stand of the Centre for Pharmacy Postgraduate Education reflects the growing interest pharmacists have in continuing education. Dr Alison Blenkinsopp, one of the Centre's directors, is seen (centre rear) talking with a potential customer

Farley's

BRITAIN'S BEST LOVED BABY FOOD BRAND!

Farley's is now Britain's fastest growing brand in the babyfeeding market. With the most extensive range of baby foods and milks in the market, its dynamic growth is set to continue offering the retail pharmacist significant profit opportunities.

**THE WINNING
COMBINATION
— ON TV NOW!!**



Farley's is the biggest spender in the babyfeeding market with a £10 million support package for 1992. The new Farley's TV commercial — 'Le Mums' — marks



the debut TV appearance of Farley's Junior Milk, and additionally features the whole of the Farley's weaning range in a fast moving, exciting 'grand prix' scenario.

Farley's MILKS FORGE AHEAD

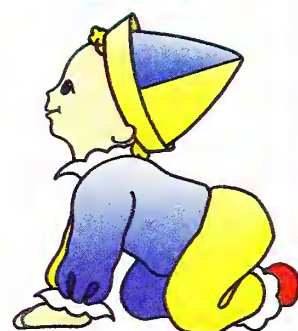
Farley's OsterMilks are the fastest growing brand of infant formula in the UK, with a 13.8% share of an infant formula market worth over £100 million. It's vital that pharmacies stock both variants of Farley's infant milks — Farley's OsterMilk, which is suitable from birth or when no longer breast feeding, and Farley's OsterMilk Two, for the hungrier bottle fed baby — as many mothers switch to

stage two milks during their baby's first few weeks. It's also important to stock Farley's OsterMilks in both the 450g and 900g pack sizes, for trial and ongoing usage. One area of infant formula sales which is of key interest for pharmacists is the £30 million worth of token business which currently goes through NHS clinics. If, next year, as proposed, token redemptions go through retail



outlets instead of clinics, the result will be long term incremental business for the pharmacist. EEC legislation, to be enacted in 1993, at last recognises pharmacists as 'healthcare professionals' and the pharmacist's role will expand to include advising on infant feeding. Farley's is the most significant spender in the market, investing over £2.5 million behind the Farley's OsterMilks brand with a programme designed to build brand awareness and imagery, including the production of a vast range of literature designed to aid both health professionals and consumers. From September, 80% of new and expectant mothers will see a new advertisement in Bounty which highlights the satisfaction levels offered by Farley's OsterMilks.

**Farley's
FOR
FOLLOW-ON
SUCCESS**



One area of terrific growth, and with the accompanying opportunities for increased profits, is the follow-on milks market, which in 1991 grew by 41% to more than £4 million. Sales of follow-on milks through pharmacies have grown by 60% in the first six months of 1992, performing significantly ahead of the market. Should milk tokens become redeemable against follow-on milks, the market for follow-ons through pharmacies will certainly expand even more dramatically.

Farley's Junior Milk is a significant success story; growing with the market, and increasing its market share month by month to a latest high of 42.4%. Reflecting this growth, its 1992/3 support programme represents the highest spend in the follow-on milks market: TV and press advertising, sampling initiatives and attractive on-pack offers are all designed to build awareness and rate of sale through increased trial purchases.

MIGHTY SUCCESS FOR

Farley's MEAL TIMERS

Farley's Meal Timers is now challenging for brand leadership in packet baby meals within UK pharmacies. Their 33% share reflects their impressive success in the chemist trade. This can be accounted for by the following:

- ◆ Farley's Meal Timers offer a higher rate of sale than any competitive brand, generating excellent returns for pharmacists
- ◆ The range has been extended with 8 new varieties, including 3 this year, bringing the total range to 21
- ◆ Farley's has introduced larger 300g packs of Breakfast Timers, offering consumers even better value for money on these, the fastest moving variants.

Look out for the following activities:

- ◆ a special on-pack offer featuring hand-puppets from October
- ◆ extensive consumer press advertising over coming months
- ◆ TV advertising both as part of the Farley's range advert and also the 30 second Meal Timers commercial

Farley's ENTERS THE BABY DRINKS MARKET!

The launch of Farley's Bed Timers in July 1992 has already had unprecedented success with pharmacy outlets. The winning product offers a vitamin and mineral enriched chocolate drink, especially formulated for toddlers over twelve months, as a healthy alternative to regular chocolate/malt adult bedtime drinks.



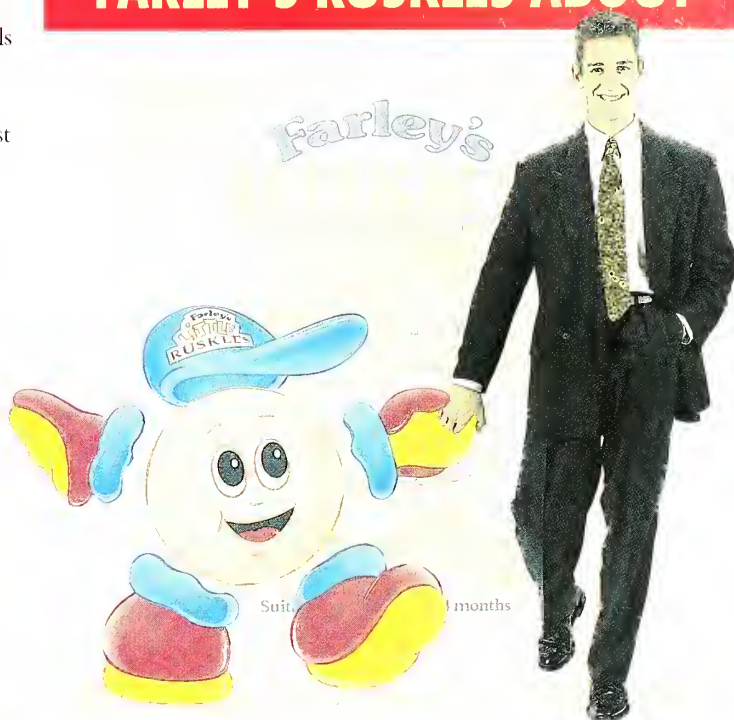
Bed Timers is being launched with a £1 million dedicated support package which also includes:

- ◆ participation in Farley's TV advertisement
- ◆ consumer press advertising – in women's press and some baby care titles
- ◆ direct mail shots from the end of September to 20,000 mothers per month including a leaflet, sachet and money-off coupon
- ◆ extensive public relations activities to encourage trial

Barbara Hodgson, product manager, says, "We're delighted with the consumer response we're receiving for the new product". Bed Timers are also joining with Farley's Rusks for a major promotion in September. Barbara Hodgson says, "80% of all mothers buy Farley's Rusks for their babies at some stage, so this is an excellent support vehicle to ensure that Bed Timers reaches the consumer." The promotion will feature:

- ◆ a 30p coupon redeemable against next purchase of Bed Timers on packs of 18 Rusks
- ◆ a 15p coupon redeemable against next purchase of Bed Timers on packs of 9 Rusks

WATCH OUT – THERE ARE FARLEY'S RUSKLES ABOUT



Farley's Rusks have been unchallenged market leaders ever since their introduction more than 110 years ago. Today they are the most dominant brand by far in all trade sectors, with a 90% share of a market worth in excess of £15 million.

And now Britain's best loved Rusks have had an injection of excitement and vitality which has put new character into the brand. The Little Ruskles, a lively set of fun 'Rusk' characters, are leading a campaign to increase the modernity of the brand and extend Rusks usage up the age range.

According to Andrew Wilding, product manager for Farley's Rusks, "Research indicates a significant opportunity for Farley's to increase the usage of Rusks well

beyond the age of two. Using the characters will enable us to realise that opportunity and as a result forge market growth".

The Little Ruskles have been launched with a national mailshot featuring a strong consumer offer. Each month for eight months, 20,000 mothers can receive a unique Little Ruskles birthday party pack when they send off five proofs of purchase. The Farley's branded birthday party pack gives parents a great way to celebrate their own Little Ruskles' birthday, and contains 10 hats, badges, bibs and balloons, all featuring the colourful Little Ruskles characters. Farley's Rusks' return to TV as part of a £3 million campaign, and an additional £1 million support package will ensure increasing Rusks sales.

CONTINUING SUPPORT FROM Farley's

Look out in next month's Chemist and Druggist for the latest in their series of Pharmacy Guides, a 16 page booklet all about babyfeeding, brought to you in conjunction with Farley's. The free booklet is aimed at pharmacy assistants and will be a comprehensive guide to the complete range of baby feeding products available, their uses and indications. It's sure to be a valuable tool for pharmacy assistants who are called upon to give baby feeding advice by mothers wanting to make the right choices for their baby's nutrition, so be sure to secure your copy!

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13 & 14 September 1992



Birmingham What impact fundholding on GPs?

A retrospective study of the prescribing habits of four fundholding GP practices, carried out in the nine months preceding and the six months following the introduction of the fundholding scheme, showed the surgeries managed to reduce their expenditure on drugs in a rational manner which was unlikely to be detrimental to patient care.

Andrew Burr and colleagues at the Medicines Research Unit, Welsh School of Pharmacy, compared the four fundholders with four matched GP practices which had lists of over 9,000 patients and so were eligible for the scheme, yet wished to retain indicative status.

During the two study periods the costs per 1,000 patients increased from £14,191 to £14,533, and from £12,716 to £13,667 for fundholding and indicative practices respectively. Prescribing patterns were analysed with reference to defined criteria, eg level of generic prescribing of allopurinol and salbutamol inhalers; use of new therapies (omeprazole, salmeterol inhalers); quantity per script; and cost effective therapy, eg ranitidine/cimetidine ratio.

The difference in the increase in expenditure per 1,000 patients between fundholders and indicative prescribers (2.4 per cent compared to 7.5 per cent) cannot be explained simply in terms of the number of items supplied (down from 2,390 to 2,385 items per 1,000 patients for indicative practices, up from 2,627 to 2,640 for fundholders).

There was a marked increase in generic prescribing by fundholders. But they did not appear averse to using new and more expensive treatments. Fundholders increased their prescribing of inhaled corticosteroids, an expensive but appropriate prophylactic treatment in airways disease, suggesting the implementation of a rational prescribing policy.

In December 1991, the projected out-turn for the four fundholding practices in Mid-Glamorgan was a £3,000 saving, which compares favourably to the £1.5m over spend forecast for the 101 indicative prescribing practices.

A PIL for HRT

Accessible information for women on HRT is limited, although it is a first line treatment for menopausal symptoms. With only 8 per cent or less of women in the UK receiving HRT, it is important to target those of the right age.

In designing a simple patient information leaflet covering the essential aspects of HRT, Angela Porter and Pauline Jones, School of Pharmacy, Liverpool Polytechnic, found only 5 per cent of women would approach a pharmacist for information.

GPs, other women or family were the most common

reference sources, yet 62 per cent of women wanted to know more about the menopause and 76 per cent wanted to know more about its treatment.

A survey of 78 women, the majority aged between 40 and 55, showed that more than 75 per cent recognised both irregular periods and hot flushes as symptoms of the menopause. Osteoporosis was not recognised as a linked condition, rather the most common symptoms were considered to be depression, painful intercourse, mood

changes and weight gain.

Nearly a quarter of the sample failed to list any symptoms: this may be due to confusion between pre-menstrual syndrome and menopausal symptoms, it was suggested.

The leaflet designed as a result of the research is to be distributed by a local health promotion unit and will first be available on trial distribution through pharmacies in Southport and Merseyside. They will then be made available to various other health authorities.

Advice on labels poorly understood?

Patients do not understand some of the words or terms used in the current cautionary warnings on dispensed medicines, according to a survey of 242 patients at a London health centre carried out by Rizwana Sadiq, a preregistration graduate in a London community pharmacy and Michael Rubinstein, School of Pharmacy, Liverpool John Moores University.

The phrase "Avoid alcohol" was interpreted as "none at all" by 98 per cent of women, yet only 45 per cent of males under 20 said no alcohol should be consumed.

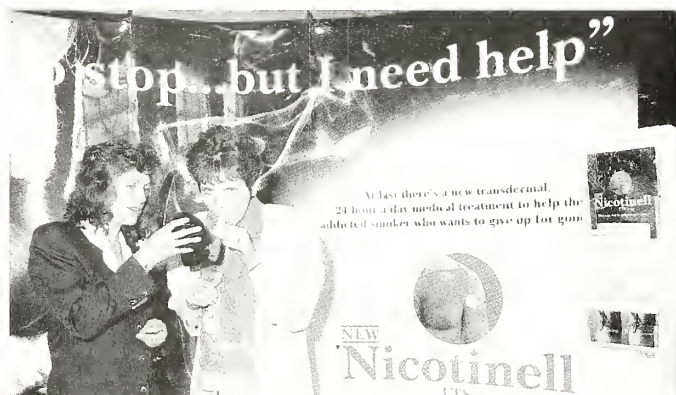
With the warning "Do not take milk, iron preparations or indigestion remedies at the same time of day as this medicine", 33 per cent of patients were unaware that dairy products should not be consumed.

Nearly a third of the sample said cheese, yoghurt or butter could be eaten while taking the medication. The confusion arose because the warning only stated milk, not milk or dairy products, the researchers suggest.

Only four out of 13 patients correctly interpreted the word "instil", while 43 per cent misunderstood or did not notice the statement "Discard after 28 days". And 18 out of 44 patients who had been given dosage instructions by their GP, but whose scripts carried the instruction "Use as directed",

could not remember the dosage.

The survey suggests patients do not fully understand the wording used on some of the current warning labels and that these labels can be interpreted in different ways. Additional efforts must be made to improve the clarity of warning labels, it concluded.



Does she smoke or doesn't she? Sarah Robson, a Northumberland hospital pharmacist, submits to a Micro-Smokerlyser on the Ciba-Geigy Pharmaceuticals stand, under the supervision of medical representative Zoe Surplice. The Micro-Smokerlyser, available from manufacturers Bedford for about £400, measures carbon monoxide levels and can be used as an aid to help smokers stop

Poor response to dysmenorrhoea woman

Insufficient questions and a poorly structured response to a covert researcher presenting with the symptoms of primary dysmenorrhoea were revealed in a survey by Claire Anderson and Angela Alexander, Chelsea Department of Pharmacy, King's College, London.

There has been criticism in the way pharmacists respond to symptoms. A recent postgraduate course on women's health demonstrated that most of the participants were aware of the symptoms of primary dysmenorrhoea, but few knew how to respond in a structured manner. Since the preferred treatment is an NSAID, community pharmacists are in an ideal position to manage the condition.

The researchers used a combination of covert research and interviews carried out the same day to assess the response of 65 pharmacies in one FHSA

area. The researcher, a social science student trained in research techniques, tested her set scenario in eight pharmacies prior to the study.

The researcher only had to wait for the pharmacist in two cases; 75 per cent were judged to be at ease during the consultation, and of the remaining 25 per cent only half were thought to be distracted. The researcher felt at ease with 83 per cent of the pharmacists and felt that only one pharmacist was embarrassed.

Eight pharmacists asked no questions and just sold a product. Of the 34 male pharmacists only six felt they had a problem because of their gender, four said it was more difficult for the customer, two could not identify the problem.

The largest gap between knowledge and skills was that while 62 per cent said in interview they would ask about

the severity and symptoms of the complaint, only 6 per cent actually asked the researcher.

Pharmacists were consistent in recommending what they said they would: 43 per cent recommended ibuprofen (although only 14 per cent asked about asthma and 11 per cent about any allergic response to aspirin); 43 per cent paracetamol, hyoscine and caffeine combinations; the remainder paracetamol and codeine products.

The researchers say the results were disappointing. Only 28 per cent of pharmacists asked the most important questions about duration, nature, timing and other medicines/disease states. Ibuprofen, the treatment of choice, was recommended by less than half the sample. There is a need for training in responding to symptoms in general, they conclude.

A screening role in diabetes

Renal disease is clinically overt in 35 per cent of insulin dependent diabetics. Patients with trace amounts of protein in the urine have a greater risk of developing clinical nephropathy, so testing for microalbuminuria has a prognostic value.

Microalbuminuria responds to tighter blood glucose control and antihypertensive treatment. Routine testing could mean treatment would start earlier, and possibly delay or prevent the onset of nephropathy.

A semi-quantitative testing strip, the Micral, is robust and specific enough for use by community pharmacists. Stephan Chapman, regional pharmacy division, West Midlands RHA, used PACT data to determine the cost of community pharmacy screening for microalbuminuria in diabetics.

The cost of prescribing a Micral test kit to every diabetic in the Birmingham FHSA area (9,215 patients in all) could be met by switching 11 per cent of the oral hypoglycaemics currently prescribed by brand to generics.

Assuming an average of two tests a year per patient, a professional fee of £10 per test would cost £184,300, less than 10 per cent of the possible saving from generic prescribing.

The cost of issuing Micral test kits and the professional fees

for a pilot study could be met by a 22 per cent shift from branded to generic prescribing, according to Mr Chapman. Community pharmacists are

ideally placed to run the scheme and counsel their local GPs on the savings possible from generic prescribing. The FHSA, with local GP

co-operation, could use the Department of Health's prescribing incentive scheme to fund a pilot scheme from such savings, he suggests.

Pharmacy involvement in PCA

There is a lack of pharmacy involvement in post-operative pain control — particularly patient controlled analgesia — according to a survey of 26 teaching hospitals by Louise Monk, School of Pharmacy, Leicester, and Malcolm Qualie, Leicester Royal Infirmary.

An influential 1990 report recommended a number of ways post-operative pain control in hospital could be improved, and the use of PCA was one suggestion.

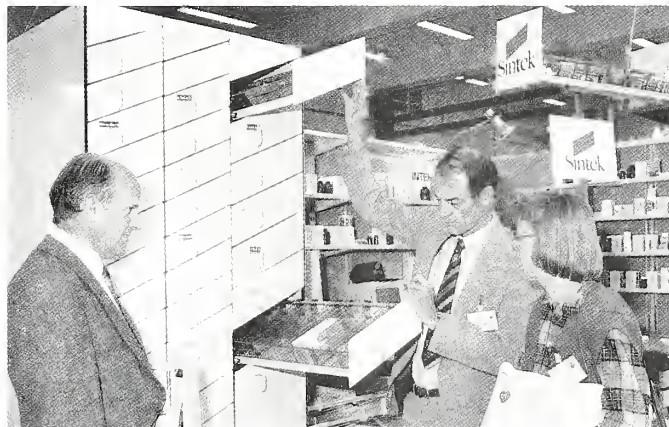
Of the 26 hospitals which responded to the survey, 17 had PCA services: ten had offered

PCA for less than a year, and three for more than five years. Five hospitals had established a service after reading the 1990 report.

In all the hospitals, doctors were involved in initiating and running the service. The pharmacy made up injections in seven hospitals, while in another seven nurses made them up on the ward.

Morphine is the most popular active ingredient; diamorphine is widely used, with pethidine only occasionally. Most hospitals instruct patients in PCA before their operation. Doctors and nurses are mainly involved in counselling, pharmacists to a lesser degree.

The survey strongly highlights a lack of pharmacy involvement in PCA services. The only area where the pharmacy was prominent was in injection manufacture, although this was not universal. In the age of CIVA and cytotoxic reconstitution services, it is a major concern that in seven hospitals injections were made up by nurses at ward level, the authors say.



John Bromley, Sintek Ltd (centre) demonstrates their Swedish pharmacy-only fittings to Brian Plummer, University of Nottingham, and Dr Ullar Lashmar, of Wellcome, Dartford. The sloping drawers are said to give easier access to stock than flat drawers

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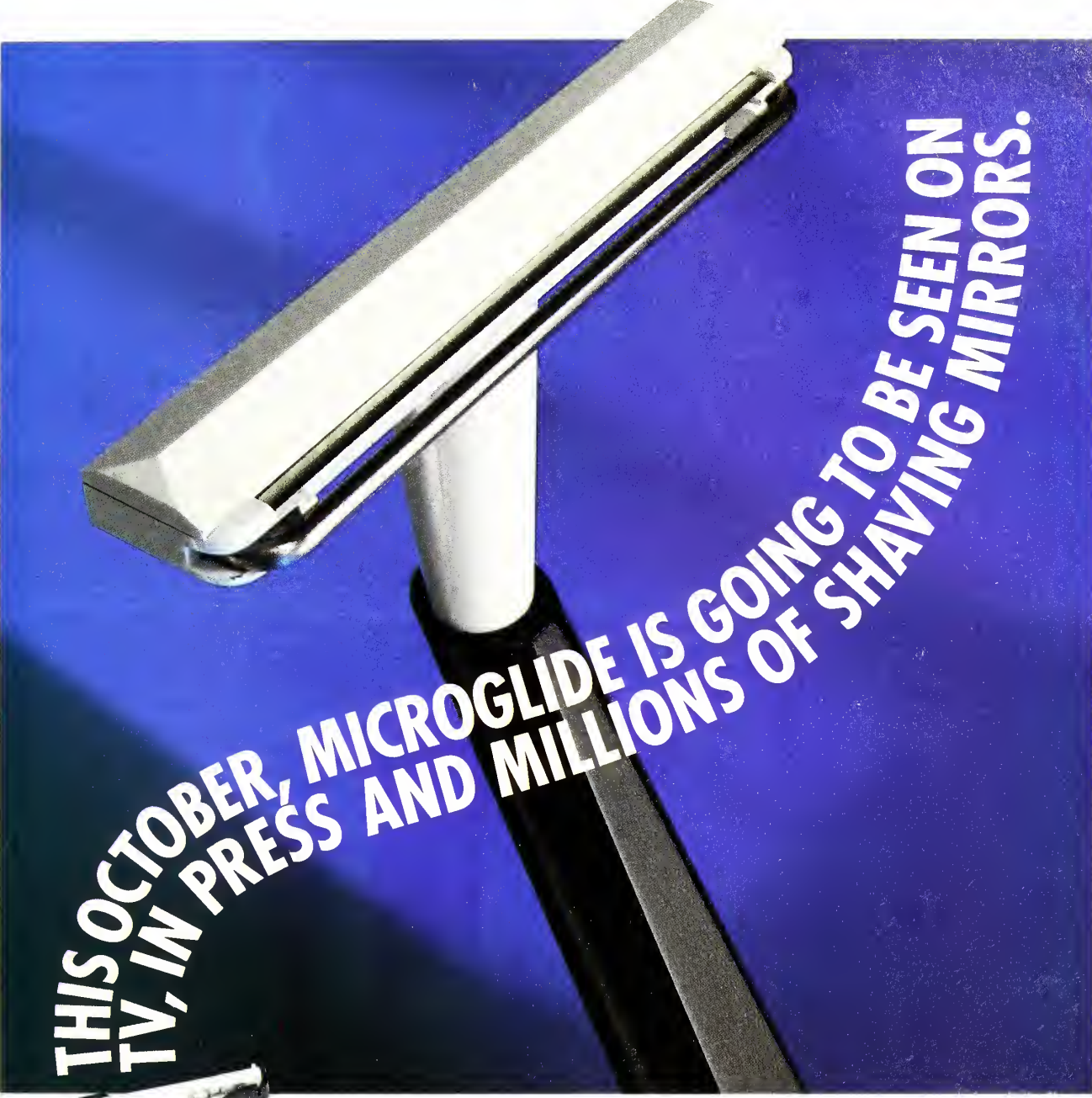
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Progress on Nuffield in Scottish pharmacies

Some, but by no means all, of the extended roles for community pharmacists recommended in the Nuffield Report are now established. Nearly three quarters of pharmacies maintain PMRs and nearly half advise nursing and residential homes.

On the negative side, formal links with GPs are rare and there are few private counselling areas, according to a study of Scottish community pharmacies carried out by Christine Bond, School of Pharmacy, The Robert Gordon University, and researchers at Aberdeen University.

The study categorised all Scottish pharmacies by location, catchment area, floor area, private or multiple, number of pharmacists, etc (Boots were excluded since they would not consent to the survey). A final response rate of 80 per cent

was achieved.

The results show only 18 per cent of pharmacies are in rural locations (areas with less than 4,000 inhabitants) and 86 per cent of customers live within two miles of the pharmacy.

Proprietor-owned pharmacies made up 44 per cent of the sample, and 90 per cent were in their own dedicated premises with 3 per cent in health centres and 7 per cent sharing with a non-pharmacy business. Sixty six per cent of the sample had less than 750 sq ft of retailing space, over three quarters of which is devoted to traditional chemist business by 70 per cent of pharmacies.

Only 6 per cent of pharmacies have two or more full time pharmacists, while 16 per cent have a regular part timer. Qualified dispensers were found in 15 per cent of outlets, while 68 per cent allowed

unqualified staff to dispense.

Health-related advice is provided in 97 per cent of pharmacies by the pharmacist, but in 67 per cent of outlets there were no private consultation facilities: 25 per cent used a quiet area of the shop while 7.5 per cent had a consultation room.

Fewer than 3,000 items per month were dispensed by 55 per cent of the sample, with an average 71 per cent of items exempt. PMRs were offered by 71 per cent of pharmacies and residential home services by 48 per cent.

Less than 5 per cent were involved in diagnostic testing (other than pregnancy test — 38 per cent). Fewer than 20 per cent of pharmacies offered services to GPs. Those that did were more likely to be rural pharmacies and less likely to belong to a multiple.

Lower use of alternative therapies in rheumatic disease

There is a lower use of alternative therapies (ATs) by rheumatology patients than has been previously reported, according to research carried out by Louise Gerezdi, a preregistration student at Hope Hospital, Salford, and M.P. Tully from Manchester University.

Patients suffering from chronic rheumatic diseases who perceive little benefit from orthodox treatment, may turn to ATs — prevalence has been reported as high as 91 per cent in the UK (both previous and current use).

A survey of 193 patients (59 male and 134 female, median age 54) was carried out to analyse current medication, previous and current use of ATs or visits to alternative practitioners, source of purchased ATs etc.

Of the sample, 29 per cent had never used ATs, 26 per cent had done so in the past, and 45 per cent currently used some sort of alternative treatment.

Significantly, more patients using ATs complained that they had suffered side effects from using orthodox medicines than did those not taking ATs.

Half of the AT users purchased their products from a pharmacy, 30 per cent from a health food store, 16 per cent from Superdrug, 2.5 per cent from herbalists and 2.5 per cent used mail order.

Only eight patients reported receiving information from healthcare professionals.

More than half the patients (57 per cent) believed they were benefiting from their AT and, interestingly, 28 patients believed there would be a time delay of up to a year before the benefit occurred.

Fish oils — cod liver and salmon oil (76 patients) — were the most popular alternatives, followed by vitamin supplements (25), acupuncture (9), herbal remedies (7) and osteopathy (6).



Speakers at the Practice Research Session on Tuesday afternoon (from left to right): Malcolm Qualie, Claire Anderson, Rizwana Sadiq, Andrew Burr, Louise Gerezdi, Stephen Chapman, Christine Bond and Angela Porter. Andrew Burr, an independent pharmaceutical adviser to Mid-Glamorgan FHSA, won the C&D Medal and Award for the best presentation, while Claire Anderson, a lecturer at King's College London, won the Janssen Award for a first-time speaker. The Rybar prize for the best practice research poster went to John Hall, of Dixon & Spearman, co Durham, for a poster entitled "Pharmaceutical audit — a pharmacist-controlled anticoagulant clinic: one year's experience"

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Fisons tough it out

Fisons' half year results have been dragged down by their continuing problems in the pharmaceutical division. The company also blames its poor figures on the effect of the world economic recession on its scientific equipment division's instrument business.

These factors combine to pull sales for the company down from £578.6 million for the first six months of 1991 to just £567.4m at the half way point this year.

Profits show an even sharper decline, falling over half, from £99.5m last year to a feeble £45.7m in 1992.

Chairman Patrick Egan makes no bones about the company's

problems in his results statement. "Problems arose from production and quality control standards on two of our products, Opticrom, an allergic eye preparation, and Imferon, an iron dextran preparation, not meeting Food and Drug Administration requirements for the USA."

However, Mr Egan maintains that despite lower profits, the efficient management of working capital has resulted in operating cash flow being "very similar" to the first half of 1991.

The company is making efforts to comply with the USA's regulatory systems. "Much time and effort has been spent in addressing the issues which have

held back the pharmaceutical division's profits. Production, quality control and other technical functions have been augmented by new experienced personnel and updated systems at considerable cost."

Slice them how you may, the pharmaceutical division's numbers look bad. Sales of major ethicals have been reduced in the first half, due, say Fisons, to supply constraints, trade de-stocking and regulatory issues. Sales of Intal are down from £80m to £72m, while sales of Rynacrom have been hit

equally, falling from £21m to £19m.

However, on the bright side, ex-factory sales of Opticrom are up 33 per cent to £24m and Tilade has improved 9 per cent to £12m.

However, the company's pharmaceutical division has posted group pre-tax profits of £23.1m compared to £68.1m for the same period last year, while earnings per share for the company as a whole have plummeted from 10.4p to 4.2p, a drop of well over 50 per cent.

The board has maintained the interim dividend at 3.3p

IN THE CITY

The sterling crisis and the possible rejection by the French of the Maastricht treaty have led to uncertain trading conditions in the equity and foreign exchange markets. Fears of a possible hike in interest rates in the next few weeks despite weak economic conditions have also continued to worry investors.

Against this backdrop, pharmaceutical stocks have been firm despite the dollar's weakness, a factor which has an adverse affect on the industry. One reason for the sector's popularity is its defensive qualities. And the results season has also kicked off on a positive note with a better-than-expected result from Reckitt & Colman. The company's 5 per cent profits advance was partly due to the successful launch of new products and the relaunch of existing brands, such as Lemsip in Australia.

However, all eyes were on Glaxo earlier this week due to a three day conference concerning Imigran, which has been hit by fears about its potential side-effects. But the company told the London conference that the worries were unfounded and produced research to back its claims.

Further interest in the shares have been fuelled by full year results due on Thursday after C&D went to Press. Broker County Natwest was looking for taxable profits of £1 billion for the year ended June 30 and expects a strong sales growth for Zofran, the anti-emetic drug, while Zantac's underlying sales advance is expected to be around 8 per cent.

Position recommendation from US brokers have helped shares in Smithkline Beecham and Wellcome. UBS Phillips & Drew has raised its 1993 profits forecast for Smithkline from £1.28 billion to £1.32 billion thanks to the beneficial effect of drug approvals and promotional launches in several territories.

Wellcome shares, meanwhile, have been boosted by renewed buying from the US with Merrill Lynch turning a keen buyer of the stock.

Shares in Lloyds Chemists have been attracting attention following a sharp correction during the Summer. Julie Ramshaw, an analyst with Morgan Stanley, is recommending the shares. She believes the share price drop was overdone and profits should grow strongly. She forecasts the taxable result will improve from £20m to £35m for the year ended June 30, rising to £51m pre-tax for the current year.



National Co-operative Chemists are running a special pharmacy at the Garden Festival Wales in Ebbw Vale. Pictured with Gryff, the mascot of Garden Festival Wales, outside the special NCCL pharmacy are (left to right) Peter Troughton, sales development manager; Phil Cherry, pharmacist in charge; David Fairclough, area manager; and Roy Carrington, chief executive officer

Peter Black make solid progress despite profit drop

While profits at Peter Black dropped this year to £106.2 million from £126m last year, the company has improved net margins from 5.7 to 6.2 per cent and reduced gearing from 39 to 15 per cent.

Turnover in the personal care division reached £38.2m and profits before tax £3.2m. The company now manufactures bath, body, skin and haircare lines as well as cosmetics with production consolidated at Trowbridge. The closure of the Swanage plant led to a one-off cost of £200,000.

The sale of Farrow & Humphreys during the second half of the year involved a

nominal write-down against net assets.

The demand for English Grains' OTC lines has stood up well in the recession, says the company. A new advertising and marketing initiative for Natracalm, Red Kooga Ginseng, Calcia and others, has produced encouraging increases in sales, says the company.

The mini-conglomerate, whose interests apart from personal care include footwear, retailing and distribution, has curtailed diversification to concentrate on existing areas of business. Joint chairman Gordon Black says current trading points towards a progressive year.

Medeva acquire 28 lines from SB

Medeva have bought 28 products with annual sales of £2.5 million from Smithkline Beecham. The company will pay £4.9m in three instalments for the businesses.

The iron supplements Fefol and Feospan are among the products changing hands. Other products include vitamin and iron preparations, cardiovascular products and a broad range of antibiotics. However, SB will continue to manufacture all the products for the foreseeable future.

This is the fifth acquisition by Medeva this year. The company bought 30 products from Glaxo in January, a hepatitis B vaccine and treatment still under development in March, an oral typhoid vaccine in July, and most recently the US company International Medication Systems.

A statement from Medeva says: "This acquisition demonstrates our ability to source valuable additions to our product range at a modest cost. We have expanded our sales force and with it we have increased our market penetration."

Medeva's interim results show pre-tax profits up more than three times, to £14.1m. Sales for the company of £57.7m show an increase of 82 per cent over the comparable period a year ago, while UK sales are up 44 per cent to £12.2m. Earnings per share are up more than 100 per cent, from 2.26p last year to 4.77p for the first half of 1992.

BOC store for SB

BOC Distribution Services are investing in a £2.5 million warehouse at Thornbury to handle storage for Smithkline Beecham Consumer Brands.

Audit audit

The "Report on audit fees of private limited companies" compares the audit fees paid by private companies to accountancy practices. Copies (£75) from JDH Consultants, 11 Clydebrae Drive, Bothwell, Glasgow G71 8SB.

Upjohn Leo link

Upjohn have signed a licencing agreement with the Danish firm Leo Pharmaceuticals. This gives Upjohn the worldwide marketing of a class of pyridyl cyanoguanidine for the treatment of alopecia. The compounds are currently in pre-clinical testing and will be developed by Upjohn.

EAN in Ireland

Malta, Tunisia, Equador, Slovenia, Croatia and Ireland have joined EAN International, the association for article numbering and bar coding.

Scholl put their best foot forward

Interim results for Scholl show pre-tax profits up 9 per cent to £12.7 million. However, when an exceptional item of £420,000 is taken into account, representing the loss incurred selling retail shops in the Benelux countries, pre-tax profits are up just 5 per cent per cent to £12.3m.

Chairman Gordon Stevens makes no bones about the current trading environment for the company. "The first six months of the year have seen a continuation of the difficult economic conditions to which I made reference in the annual report.

"Although turnover, including £1.1m from new acquisitions, improved 3.4 per cent to £85.8m,

trading conditions were poor in all major markets. In the UK we experienced a 14 per cent increase in turnover in foot and legcare products, despite the continuing trade de-stocking which appears to be deepening in continental Europe."

This downbeat mood is reflected in the company's operating profit, down from £12.5m in the first half of 1991 to £11.6m this year, a fall of over 7 per cent.

"While we were able to hold gross margins at 1991 levels increased promotional costs and R&D expenditure impacted operating profit in the first half of the year," said Mr Stevens.

However, the results have been

boosted by an extraordinary gain of £1m, representing a provision held against the sale of the hosiery fashion business. This pushes the profits up to £9.4m for the half year.

The company is still in the throws of reorganisation in France, Canada and Australia. "We continue to seek opportunities to acquire good businesses which fit the Scholl criteria. This is proving a lengthy process, but your board is determined to invest wisely."

Earning per share are down from 11.6p to 10.8p before exceptional items and 10.4p after them. The interim dividend is 2.6p, compared to 2.5p paid out last year.



C&D Sunday trading survey — see pages 450-453

Credit card confusion

Some pharmacists may have been incorrectly debited with a £15 charge on their August credit card business. They will be pharmacists who have signed up for a special NPA and Midland Merchant Bank Services deal for paying in credit card slips.

10p tiddler

A new and smaller 10p coin comes into circulation on September 30. The Royal Mint describe it as "similar to, but a little larger than, the old 5p piece". The new coin completes the changeover to decimal coinage begun in 1971. Existing 10p pieces will remain legal tender until July 1993.

SB link with Hep E vaccine

Smithkline Beecham are to collaborate with the US research company Genelabs Technologies on the development of a commercial hepatitis E vaccine.

A spokesman for SB described the hepatitis E virus as "a recently identified strain" which causes an acute liver infection and can lead to death, particularly in pregnant women.

Under the terms of the three year collaboration Genelabs will receive up to \$12m in licence payments, research support and investment capital.

SB say that initial studies have shown that more than 2 per cent of the US population — around 4.8 million people — has been exposed to hepatitis E. "A vaccine against hepatitis E would be the primary source of protection for the general population as risk."

Frank F.C. Kung, president and chief executive of Genelabs, said: "This will strongly support our continued product growth and market penetration in niche markets such as the Asia-Pacific region, where hepatitis is a major healthcare concern".

AAH buy Gwynfas

AAH have bought the seven retail pharmacies in the Gwynfas group of companies. They now have the entire share capital of all four Gwynfas companies.

AAH are paying £1.1m for the shops in the form of £350,000 cash and the rest in AAH shares.

The businesses will trade as Vantage pharmacies.

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S.C. 3 bed accomm. **PROFITABLE CONCERN WITH EXCELLENT SCOPE!
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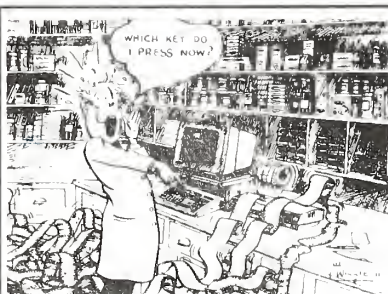
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APOLOGY

CHEMIST & DRUGGIST

wish to apologise for the erroneous
advertisement of

J. PICKLES & SONS

which appeared in the 29th August issue
on page 379.

The correct advertisement appears in this issue.

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RAPPORT 50ml A/SHAVE	10.50	5.95
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RAPPORT 50ml EDT SPLASH	10.95	5.95
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BELFAST - Manager required for busy pharmacy in Woodvale. PMRs and computerised facilities. Sickness and super-annuation scheme. Apply to: Mr D Harper MPSNI, 11/12 Abbott's Cross, Doagh Road, Newtonabbey, Northern Ireland BT37 9QU.

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NEAR HEATHROW - Regular Monday locum required for busy friendly pharmacy. Tel: 081-759 0553.

BROMLEY, KENT - Enthusiastic, friendly pharmacist required for regular Mondays and alternate Saturdays in modern dispensary with Park computer. Tel: 081-460 0284.

LANCASHIRE VILLAGE, near Bury. Wanted desperately, locum for 2 weeks July or August 1993 to cover holidays. No Saturdays. No rota. Good staff. Tel: 0706 824747 or 0706 825198.

FELIXSTOWE, SUFFOLK - Locums required for evenings and Saturdays on a regular basis. Tel: 0702 555321.

PHARMACY ASSISTANTS

RICHMOND, SURREY - Part time shop assistant required in pharmacy/clinic. Should have interest in complementary medicine. Training in Clarins, Roc and Vichy available for suitable applicant. Tel: 081-332 6166.

SITUATIONS WANTED

ABERDEEN and surrounding area. Experienced retail pharmacist seeks permanent management position or relief. Tel: 0425 616163 (eve).

HARROW/WEMBLEY and surrounding area. Full time dispensing technician available. Tel: 081-427 3318 after 7pm.

NEWCASTLE/SUNDERLAND and surrounding area. Experienced reliable locum available for Saturday/Sunday and evening work from September onwards. Please contact AS Iqbal, MRPharmS. Tel: 0484 432208.

IN OR AROUND LONDON AREA - Friendly enthusiastic pharmacist seeks employment one day a week. Tel: 081-458 2084.

CENTRAL LONDON - Pharmacist based in the West End available for days/weeks. Tel: 071-837 1424.

HARROW/WEMBLEY - and surrounding areas. Full time dispenser available. Tel: 081-427 3318 after 7pm.

PHARMACIST MANAGER - requires Sunday employment anywhere within a 30 mile radius of London. Tel: 081-684 9896 (home) or 071-622 3147 (work).

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DRUG STORE - Well established. Turnover £55,000. New lease available £6,000 plus stock. Tel: 0767 40492 (eve).

BUSINESSES WANTED

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TRADE LESS 20%+VAT - 400 Cogentine tabs; 100 Loxapac 25mg; 100 Loxapac 10mg; 120 Loxotan 1.5mg; 400 Nephrol 1mg. Tel: 0322 526470.

ROBINSON INCONTINENT bed pads (60 x 40). Packed flat in 100's. £8+VAT+carriage. Tel: 0903 200267.

TRADE LESS 30%+POSTAGE - 4 x 60 Nuelin SA 250mg; 3 x 100 Optumax tabs; 90 Alimix 10mg; 4 x 20 Hollister 7413; 2 x 20 Hollister 7765; 7 x 250g Aproten pasta tagliatelle. Tel: 071-485 2159.

2 X 30 DYTIDE; - 1 Bricanyl spacer; 51 Burinex 5mg; 87 Cardene 20mg; 100 Dantrium 25mg; 140 Trasicor 80mg. Trade less 50%+VAT+postage. Tel: 021-558 8837.

12 BOXES COLOMYCIN injection 500,000 units per vial (10). Trade less 50% (exp 1/95). Tel: 081-940 3930.

TRADE LESS 50%+VAT - 14 x 100 Creon caps (exp 8/93). Tel: 0742 396186.

TRADE LESS 50%+VAT+POSTAGE - Brevinor 7 x 21; Vertigon caps 10mg x 67; Zovirax 800mg x 10; Epilim syrup 3 x 300ml; Stelazine Syrup 3 x 200ml; Colestid granules x 15; Fortral 50mg x 79. Tel: 0502 572603.

TRADE LESS 35%+VAT+POSTAGE - (£26). 2000 Chlorpromazine 25mg. (exp 7/94). Tel: 061-226 3179.

TRADE LESS 40%+VAT - 3 x 10 x 1ml Nozinan amps; 460 Nozinan tabs; 1 x 10 x 25 Hypnovel 10mg/2ml. Tel: 021-384 2293.

TRADE LESS 40%+VAT+POSTAGE - Sandimmun 100mg 3 x 30; Sandimmun 25mg 3 x 30. Tel: 031-447 2198.

TRADE LESS 50%+VAT+POSTAGE - 40 Stomahesive flanges S242; 40 Uro-Tainer chlorhexidine; Silastic Foley catheters 22 x 30ml/24ch and 2 x 20ml/18ch; 270 Tamoxifen 100mg tabs; 200 Anquil tabs. Tel: 0473 213016.

IODOSORB SACHETS - Two packs of 7. Will accept £12 plus VAT for the two. Tel: 0694 722806.

TRADE LESS 30% - 30 Serophene (Clomiphene) 50mg; 97 Tonocard (exp 11/92); 70 Precortyl forte 25mg. Tel: 0963 250259.

NUROFEN SOLUBLE - (12 or 24's). Trade less 25%, due to closure of Boots/Crookes account. Tel: 0294 793121.

FOR SALE

KL7 TABLET COUNTER - Excellent condition and in full working order. £50. Tel: 0285 810312.

WANTED

TABAC TALC - Please state price and quantity. Tel: 0765 602109.

ANY PMR and monitored dosage system preferably with stationery; heat sealer for plastic bags. Tel: 071-834 0503 (day). **NEO-MEDRONE LOTION** wanted. O/D stock acceptable. Tel: 0228 21440.

ACCOMMODATION

TENERIFE, GOLF DEL SUR - Lovely one bedroomed apartment with balcony overlooking golf school and Atlantic. 27 holes golf, pool. £125 weekly. Tel: 081-458 2084.

CLOSE TO NORTHUMBERLAND COAST/Scotland and the Cheviots. Self catering new house available for winter breaks. Centrally heated. Sleeps 6+cot. Tel: 0282 445154 ref 8388.

NORTH LONDON/WINCHMORE HILL - Pleasant 2 bedroomed fully furnished flat to let. Close to all amenities. Suit couple or 2/3 sharers. £550 pcm. Tel: 081-364 0250.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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Aboutpeople

Society pushes for four year degree course

It is time the pharmacy undergraduate course in the UK was increased to four years, Royal Pharmaceutical Society president David Coleman said this week.

The Society's Council, with the support of the heads of schools of pharmacy, has recently made a detailed submission to the University Funding Council to this effect.

The EC Expert Committee on Pharmaceutical Education and Training is looking to harmonise undergraduate education. The UK course is the shortest in the European Economic Area.

"This is at a time when, for excellent reasons, we are adding aspects of the social and behavioural sciences to an already packed programme because of the need to preserve

the science base at a time when entry qualifications are being broadened," Mr Coleman said at the BPC Banquet in Birmingham on Tuesday evening.

Students should also be encouraged to take part in the ERASMUS scheme, under which they spend some time studying in another European country, he added. This would be made easier by a four year course.

APPOINTMENTS

Mawdsleys Wholesale Chemists have appointed **Gareth Headly** as business development executive covering Manchester. Current business development executive: Nigel Worthington and Neil Topping will now concentrate on newly defined geographical areas.

Carol Thompson has been appointed brand manager for the health & Diet Food Co Pure Plant division. She will be based in the company's Kearsley office.

Coming Events

MCA course in Northants

The National Pharmaceutical Association's Medicines Counter Assistants course is being offered to pharmacy staff in Northamptonshire on six Wednesday evenings in October and November. Five evenings are at Northampton General Hospital and one at Kettering General Hospital.

The course will be tutored by Dr Angela Alexander and Sue Ashwell. The cost £60 (thanks to sponsorship from Bayer and Servier.) Details from Mrs Ashwell on 0536 492422.

Tuesday, September 15

Eastbourne Branch, RPSGB. Joint meeting with the Eastbourne Medical Society. "Art and Surgery" by Professor Sir Roy Calne, professor of surgery at Cambridge University. Postgraduate Medical Centre,

Eastbourne General Hospital at 8.00pm. Buffet at 7.30 pm.

Banff, Moray & Nairn Branch, RPSGB. Joint meeting of the BMA at the Mansion House Hotel, Elgin. Speaker to be announced. 7.45 for 8.00pm. RSVP by September 12.

Wednesday, September 16

Chenies Herb Group. Meeting on "Herbs and other Medicines" at 7.15pm in the Herb Garden at Chenies Manor, Rickmansworth (situated on A413, two miles from Junction 18 of M25 going towards Amersham). Meeting open to all pharmacists, staff and students at Chelsea and other interested parties.

Thursday, September 17

Weald of Kent Branch, RPSGB. "ACE inhibitors: a therapeutic update". Speaker Caroline Gadsby, medical information executive, E.R. Squibb & Sons Ltd. At the Postgraduate Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells. 7.45 for 8pm.

Bedfordshire Branch, RPSGB. "Footcare and hosiery" at the IBIS Hotel, Spittlesea Road, Luton at

8pm. Speaker: Kimberley Hayes (Scholl UK). Finger buffet after.

Advance Information

Pressure dispensing packs — technology and the environment. Seminar at the Riddell Room, PIRA International, Leatherhead on **September 10.** Cost £167/£189. Further details from Yvonne Mott (Tel: 0372 376161).

Naides '92 International exhibition of equipment and services for the disabled and elderly people, nursing and rest homes at Wembley Exhibition Centre, London from **September 29 — October 1.**

NAHAT Conference Achieving a quality NHS at Kensington Town Hall on **October 28.** Organised in conjunction with the Association for Quality in Healthcare. Further information from NAHAT conference office (Tel: 021 414 1536).

Third annual MCA symposium "Working through the Nineties" at Queen Elizabeth Conference Centre, London on **November 13.** Speakers include Secretary of State for Health Virginia Bottomley, and Professor Sir James Black. (Tel: 071 261 8400).



Allan Cambridge

Wyeth Laboratories have appointed **Allan Cambridge** as business development manager. He qualified as a pharmacist in New Zealand before moving to the UK in 1978. He has previously worked for Kerfoot and Evans Medical, has been extensively involved in ABPI activities. **Sue Smith** joins Wyeth as market research manager for the pharmaceutical division. She has previously worked as market research manager for Ciba-Geigy and Boehringer Ingelheim.



Considering the Preston Guild is held just once every 20 years, the 1992 event fell very nicely for Vernon Carus who were able to sport their new logo on their float (p413 last week). Can anyone spot sales director Gerry Hay?

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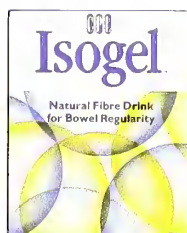
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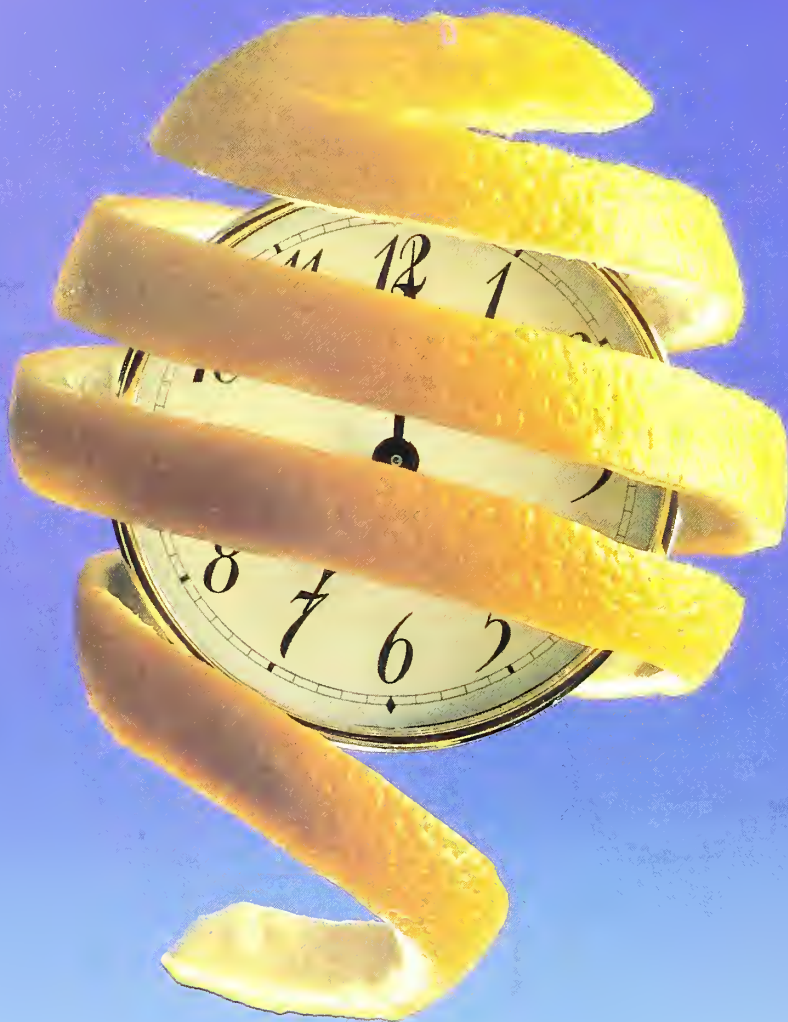
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